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And Heaven and Angels Sing

BY CLAIRE GILSTRAP, R.N.

SISTER MARY opened the hall door. Upon the wide green seat under the quaint old casement windows sat a huddled heap of blue bathrobe and blue flannel cap bowed upon hugged-up knees. In front of the heap stood an untouched glass of milk. The sagging shoulders, the disconsolate curve of back, suggested gloom—dejection. Sister Mary laid her arm affectionately but casually across the drooping shoulders. A fair, childlike face, encased in a singularly elfin-looking blue cap, was lifted toward her. Noting the gravity of the deep blue eyes and the pensiveness of the pretty mouth, Sister Mary smiled down tenderly, but was still silent.

"I can't drink this," the girl gulped.

Sister Mary took the glass of milk.

"It's beginning to snow," she said quietly, looking out at the naked vines shivering across the windows, "it will be a white Christmas."

"And I can't go home?" The up-lifted pleading face brought a dimness to Sister Mary's own gray eyes. Her kind rosy face was all compassion.

"I used to want to go home, too," she said simply.

"Don't you, any more?"

"Well, yes—but I should hate to miss a Christmas at Suncrest. I

think some of the patients feel the same way. Ask Sarah MacGregor. She's been here five years. If the doctor told her she could go back to Scotland, I believe she'd put off starting until after Christmas."

"It doesn't seem possible! I'll ask her."

The girl unclasped her huddled knees and stood up, a slender figure—thin, even—but with a hint of youthfulness in the graceful, girlish lines which even the heavy, enveloping bathrobe did not conceal. Sister Mary handed her the glass of milk. She drank it absently.

The long pavilion was screened on one side and open to the flying snow. As Harriet passed down the extended row of beds, each with a warmly capped head emerging from the covering of blankets, she noticed with the inevitable poignancy of her susceptibility to impressions, that little puffs of steamy white vapor made each breath visible on the frosty air. She noted each brave face bared to the cold—pretty faces, most of them; young faces, all.

She stopped at one bed where a gaily checked cap encircled a ruddy face with wide gray eyes.

"Sarah, what's Christmas like at Suncrest?"

"Wait an' see!" teased the good-natured Scotch girl. "It gets better every year. An' won't ye be surprised? But I willna' tell!"

A pair of brown eyes smiled from the next bed. "I already know a secret about you, Harry!"

"A secret?"

"Umhumh. A Christmas secret."

"Tell me!"

"Never. Just wait and see."

"I know one about you, too, Brownie," called a voice from the twelfth bed.

"Oh, what?" begged the brown-eyed-one.

"Wait and see!" teased the distant voice.

"Edward's making a lot of mysterious trips to town today," offered another girl. "I suppose he has to, to bring out all the packages."

"Packages?" asked Harriet. "I haven't got a single one yet. You'd think they'd begin to come by now. Tomorrow night is Christmas Eve."

"Ye'll see!" Sarah wagged her head mysteriously.

A wave of excited eagerness swept down the long cold porch. Pink caps, striped caps, blue caps, all with quaintly elfin peaks like Harriet's own, bobbed up from the row of beds. Voices called back and forth. All talked at once. Laughter rang out on the icy air. Harriet forgot the home-sickness and depression that had weighed so heavily upon her as she lagged in the hall.

The next night a hilarious confusion pervaded the girls' dressing room.

"Oh, I haven't had this darling dress on for months!" squealed Harriet. "This being allowed to dress and attend a party overwhelms me!"

"It's muckle too much. I expected mair!" chanted Sarah. "Gi' me some rouge, Harry—just a wee bittie."

Everyone laughed. Rouge on Sa-

rah's ruddy, glowing face—what a joke!

"That is a sweet frock, Harry," admired the brown-eyed-one. "And what a lucky girl you are to have that lovely corsage from Al." She sighed and shook her head. "After my mounting all his kodak pictures in his album for him, you'd think he might have sent me flowers—but he hasn't had a thought for anybody else since one Harriet Dale came to Suncrest."

Harriet recognized the good-natured bantering in the envious remark. A wave of happiness flooded through her. Darling girls! How gay and friendly they were. She loved them, and she loved Christmas.

"Oh! Ah! How lovely!" It was the exclamation of each patient upon entering the Suncrest living room which was transformed into a bower of evergreens and twinkling, colorful Christmas lights. A fire of blazing aspen logs crackled in the vast brick fireplace. The boys streamed in from one side, the girls from the other. There was an eager mingling and separating into buzzing little groups, which grew silent as the choir boys from one of the city's churches trooped in to sing Christmas carols. How sweet and young their small uplifted faces were, how clear their childish voices—heavenly, angelic! Harriet's imagination leaped to the dramatic star-lit night when a singing celestial host thrilled the dark and sleeping world. Then that impish looking youngster, the second from the piano, stood out alone and sang "Oh, Little Town of Bethlehem" in tones so hauntingly sweet that one wanted to cry, but was saved by the wide random-toothed grin which followed immediately to relieve the solemnity of the song.

Harriet knew she would never forget the flawless happiness of the rest of



the evening, the gay Christmas games which were a care-free reversion to childhood, the laughter, the feeling of cosiness and security from the storm which roared outside and tugged so fiercely at the inky window panes, and then the final climax of the splendid Christmas tree in the dining room, all aglow with colored candles and dazzling tinsel balls.

And there were gifts on it—gifts from the Sisters to all the patients at Suncrest. And not only to the patients, but to the great jovial, beaming Fred who swept the porches and shoveled snow; to his placid, happy-eyed little wife who sorted the laundry and brought out the glasses of milk at ten and four; to the jolly, buxom girls who carried trays for those who were too ill to go to the dining room; to Edward who drove the car and brought the mail; to everyone who seemed strangely to belong to this

great happy, congenial family at Suncrest.

Harriet unwrapped hers wonderingly and then gasped with delight, "Look, Al, look! How could the Sisters know that I wanted this volume of Keats? Isn't it lovely?"

They went stragglingly to bed that Christmas Eve, excitedly appreciative of the waiving of the rules. Harriet half awoke once, thinking she saw Sister Anna, in a bath robe, going from bed to bed with a flash light, and wondered if someone were sick, but she was asleep again immediately.

The next morning, at Sarah's shout, "Merry Christmas, lassies!" and other sleepily murmured responses, the feeling of last night's festivity returned. The heavy hall door was opened upon the pavilion, and from the living-room came voices singing. The sound of the carols floating out upon that cold Christmas dawn while brilliant stars

still pierced the dark sky, thrilled Harriet to speechlessness. She visualized the little group of Sisters—Sister Anna at the piano, her slender fingers gliding over the keys, her clear, earnest eyes uplifted as she sang with ringing sincerity, "Joy to the world, the Lord has come"; Sister Patience with her snow-white hair and bright smiling face, singing with a quavering, uncertain sweetness because she was deaf and could not tell whether she kept to the tune or not; and Sister Mary, her round rosy face beaming with a tender radiance. . . .

Harriet's throat ached with affectionate gratitude. "Bless them," she whispered into her pillow. "Oh, God, bless the dear Sisters."

All the pavilion was awake now. Lights flashed on, revealing a lumpily filled stocking hanging at the foot of each girl's bed.

"Oh, is this the secret you knew about me, Brownie—this saucy little nigger doll from Sarah? Oh, and these lovely woolly warm bed socks from Rachel! You darling girls! And I know these oranges are from that crate that Adelaide's father sent from California. Thanks, Addie! Thanks, Rae! Thanks . . . thanks. . . ."

As the patients hurried to the Christmas devotions led by Sister Patience before breakfast, they saw a great sprawling, bulky heap of something, covered with sheets, spread out on the living room floor. They would have lingered, but the bell was already ringing. All through breakfast there were wondering conjectures. Sarah MacGregor, and other old patients, maintained a tantalizing, knowing silence. When the steaming dishes of cereal and plates of crisp brown toast were dutifully consumed, the Sisters came in with an air of climactic importance.

"Go get your scissors," Sister Anna

directed, "or any instrument that will cut Christmas cords, and come back to the living room."

So that was it! the packages!

Oh, and such heaps of them! Harriet was dizzy with excitement, bewildered with the clouds of bright tissue that fell in disorderly heaps around her, overwhelmed with the generosity and thoughtfulness of Father and Mother and Bud and the girls. And friends and friends and friends! How could one person in the world possibly have so many friends as all these stacks and heaps of things indicated?

"Fred, oh, Fred! will you help me carry these things to my locker? That clothes basket will never hold them. You'll have to make three or four trips! Get a van! Careful, Fred, there's a string of pearls in that case! And that? Oh, that's a silk bed jacket from Mom. And look, Fred, look at this darling monkey on a string. My baby nephew sent me that. Look, Al, did you see—oh, just look at all the things you got!"

That afternoon Harriet lingered at the casement windows in the hall, leisurely sipping her glass of milk. Sister Mary came upon the slight blue figure standing there. There was no cap today to conceal the short fair curls which clustered over Harriet's girlish head. She turned a happy face to Sister Mary and slipped an arm around the plump waist of Sister Mary's crisp white uniform.

"Still snowing," Sister Mary looked out at the snow-filled vines shivering across the windows.

"We've had a lovely white Christmas," offered Harriet, draining her last sip of milk. Sister Mary took the empty glass. Harriet looked up at her. A rush of tenderness dimmed her young blue eyes. She laid her head on Sister Mary's shoulder.



"It isn't just the things that have happened, nor the gifts, nor the party, nor the lovely Christmas tree, nor the Christmas dinner—though it is a little of all those things—but most of all it is the *spirit* of it—of what you Sisters do—the love you seem to feel for us poor lonely creatures—that makes me glad that I've had a Christmas at Suncrest. Sister Mary," she went on with a slow, timid earnestness, "this has meant something to me—it has meant something—something rare and—and something awfully important in my life."

Above the fair curly head, Sister Mary's round rosy face was filled with a wordless delight, an exalted contentment. Her arm tightened around the blue bathrobe for a moment. Finally she said, "Better run out to bed, dear. We'll have to do a lot of

curing to make up for these two days of excitement."

As the pavilion door opened and closed upon the obedient blue figure, Sister Mary wiped her brimming eyes, and twisted her mouth into a smile. She went back toward the living room humming, "And heaven and angels sing, and heaven and angels sing. . . ."



"I SOMETIMES think we expect too much of Christmas Day. We try to crowd into it the long arrears of kindness and humanity of the whole year. As for me, I like to take my Christmas a little at a time all through the year. And thus I drift along into the holidays—let them overtake me unexpectedly—waking up some fine morning and suddenly saying to myself, "Why, this is Christmas Day."—David Grayson, "Adventures in Friendship."

Glucose Solution Used in Malnutrition with Dehydration

BY MARGUERITE C. ERKLEBEN, R.N.

IN practically all cases of malnutrition with dehydration, there is loss of weight, dehydration and a low blood sugar. In order to combat these conditions, normal saline solution is introduced by hypodermoclysis. Since the low blood sugar reduces the power of the blood to take in the saline solution, an intravenous of glucose 10 per cent is given (a maximum of one-fiftieth of the body weight, or one-third ounce per pound, may be used) with the hypodermoclysis. To make 500 c.c. of glucose solution 10 per cent, dissolve 50 c.c. of Dextrose (Cerelease) or Dextrose-Merck in 500 c.c. of distilled water. Water that has merely been sterilized should not be used, because the chemical impurities contained in it may produce undesirable changes in the solution.

The glucose solution, filtered into a pyrex flask, is heated to 100 degrees C. over an asbestos mat on a gas flame. It is then autoclaved for 10 minutes by steam, at a pressure of 15 pounds. When not more than 500 c.c. of the solution are contained in a single flask, this method will produce a sterile solution without caramelization from overheating. The glucose solution raises the density of the blood, thus causing osmotic action between the saline and the blood. The blood, now being of greater density than the saline solution, readily takes in the fluid from the tissues.

The method of introducing the glucose is as follows: The glucose solution 10 per cent, heated to 105 de-

grees F. in a graduated flask, is stoppered with a rubber cork in which two straight glass tubes are placed, one extending to the lower level of the cork, the other, almost to the bottom of the flask. A rubber tube, three feet long, is attached to the short glass tube. To the end of the rubber tube is attached a Luer Kaufman syringe, fitted with a platinum needle, 22-gauge. The flask is then inverted and placed in a ring, two feet above the patient. The glucose solution falls to the neck of the flask and flows through the small glass tube into the syringe.

The infant, in the recumbent position, is restrained by placing a blanket under his body, crosswise, bringing one side at a time over each arm and under the back, pinning the sides of the blanket together at the knees.

After preparing the site of puncture and inserting the needle into the vein, a test tube of glucose 10 per cent is raised above the lower level of the long glass tube which extends from the flask. The rise of a bubble through this tube indicates that pressure in the flask is in a downward direction and that the solution in the flask is flowing into the vein. The treatment, given slowly, will require about one-half hour. During the treatment the infant must be watched carefully for symptoms of collapse. After the needle is withdrawn, the wound is sealed with collodion and a gauze bandage applied.

The Nursing Care of Heart Diseases in the Acute Stages

BY LUCY H. BEAL, R.N.

PERHAPS no type of nursing requires more exquisite skill than that of the acutely ill cardiac. The proper functioning of every organ of the body depends upon the normal functioning of the heart and blood vessels for the maintenance of circulation. When this is impaired, symptoms of decompensation appear and it is the duty of the nurse to prevent further exhaustion and conserve the remaining strength of this organ. The heart, already overtaxed, must still carry on its work, else life will cease. The nurse must be the reserve force of the heart.

By decompensation is meant failure of the heart muscle to contract with sufficient force to maintain the normal circulation.

The accompanying diagram gives us a graphic representation of the force stored up in the heart muscle which, when analyzed, shows that the normal contractions of the heart, as shown by A, consume only as much of its force as is denoted by the line *b-c*, leaving in reserve the force as indicated by *a-c*. When the heart is slightly damaged, as shown by B, the line *b-c* lengthens and *a-c* shortens, showing that some of the reserve force has been used up. In the patient with an acutely decompensated heart, the reserve force entirely disappears, as shown in C. Thus the nurse must supplement and become the reserve force, or the line which has entirely disappeared from the diagram, previously indicated as *a-c*.

Symptoms of this impaired function may appear in almost any part of the body; therefore, it is most essential that the nurse understand something

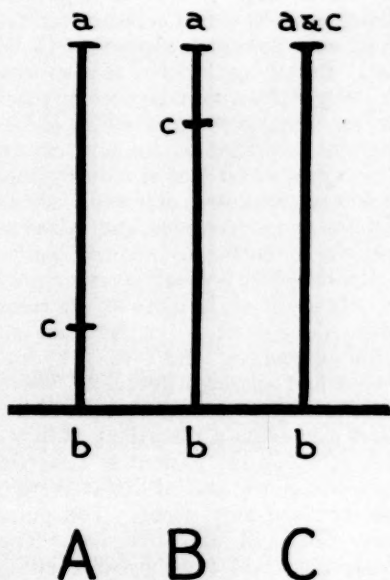


FIGURE 1—DIAGRAM OF CARDIAC FORCE

- A. Normal heart
- B. Heart with compensation
- C. Heart with broken compensation
- a-b. Total heart force
- a-c. Reserve heart force
- c-b. Force used in each contraction

of the structure and activities of this intricate organ in order to intelligently and accurately interpret symptoms which she must be keen to observe and describe to the doctor. This necessitates an understanding of anatomy and physiology, a knowledge of the causes and prevention of heart diseases, as well as expert nursing skill.

Among the causes of heart disease are: first, infections, and chief among these rheumatism and chorea, especially in young people; syphilis, later in life; and the acute fevers. In

addition, we must bear in mind the importance of intoxication from a hyperactive thyroid gland and obesity.

The typical picture of a cardiac in the acute stage is that of a patient sitting upright in bed because extreme dyspnoea makes it impossible to lie flat. Breathing, labored to a greater or lesser degree, may be accompanied by an irritating cough which sometimes is accompanied by hemoptysis. The skin is moist and of a dusky hue, becoming cyanotic, especially about the lips and extremities, and this generally is enhanced by marked pallor.

Edema which is usually present, may be only slight or, in more severe cases with enlargement of the liver, can become generalized, and ascites, hydrothorax and anasarca develop. There is frequently pain in the region of the heart and often a disturbing palpitation of which the patient is disagreeably conscious, and at times vertigo and syncope may occur. The pulse may be rapid and irregular. The gastro-intestinal tract because of its impaired circulation becomes upset, as manifested by vague abdominal pains, sometimes nausea and vomiting, distention and either constipation or diarrhea. The mouth and tongue may be parched and dry. The patient becomes restless and has a nervous, anxious expression, denoting his apprehensive state of mind which, at times, especially at night, becomes delirium.

It is a picture of extreme exhaustion and the temperature is therefore usually subnormal, except in the infectious types of heart disease accompanied by chills and fever. The urine is scanty and the finding of albumin and casts indicates a subsequent kidney damage. Nocturia is not uncommon with patients of this kind.

Since rest is the prime requisite for the cardiac in any stage, the patient should first be made comfortable in bed. This is one of the greatest opportunities for the nurse to demonstrate her skill and make use of all possible resources of her art. Because of dyspnoea, it is necessary to keep the patient in a sitting position. This is most easily obtained by a mechanically adjusted bed or frame whereby the head may be elevated to the desired height, and at the same time the knees supported. If this is impossible, it may be obtained by stretching a piece of canvas between two rods which extend from the head to the sides of the bed. If this is not possible, a chair may be inverted and by the proper adjustments of pillows, the patient made most comfortable. Pillows should be graduated, piling one above the other, starting well down under the back. Small pillows at the sides will provide rests for the arms. These are especially essential in the cardiac with rheumatic joints and the fine adjustment of pillows to support aching joints is the mark of the watchful nurse. Nothing will so exhaust the patient as to be continually pulling himself up on the back rest from which he tends to slip, unless supported. A pillow sling, under the knees, or a pillow or box at the foot of the bed, against which he may brace himself, will help to prevent slipping. It is most important, when adjusting pillows, that the patient be supported and every possible exertion prevented.

The weight of bedclothes is occasionally painful to edematous extremities and should be relieved by the use of a cradle. Outside of the hospital this may be made by removing the bottom and one side of a box of the proper dimensions, or elevating the clothes at the sides by two boxes or pillows under

the top bedding. The patient is often more comfortable when leaning forward with something on which to rest and give support. A table, made high and wide enough to slip over the bed, with a pillow on top on which to lean, will afford a change of position and rest for hours at a time. At home, this same contrivance may be obtained by placing a board (an ironing board) between two chairs across the bed.

In the morning care, the method of bathing and bed-making should be adjusted so that this patient need be turned but once and at the same time kept in a sitting position. Daily bathing and rubbing with alcohol and dusting with powder will do much toward stimulating the circulation and every precaution should be taken to prevent irritation of the skin from wrinkled or soiled linen, or crumbs. The use of the air mattress is very highly recommended if there is a tendency to roughening or breaking of the skin because of poor circulation.

Mental as well as physical rest must be remembered in caring for the acutely ill cardiac and may be assured by anticipating the patient's every wish so that he need not even think for himself. The nurse should try to prevent excitement and the petty business or household worries being brought to the patient. She should even limit conversation as much as possible and exclude visitors, if necessary. She can do much to reassure and encourage from day to day. The room, if quiet, sunny, and well-ventilated, will assume a more cheerful atmosphere and must never be overlooked in the attempt to make rest complete.

Sleep, which is essential for absolute rest, is required in abundance at this time. Under the direction of the physician, sedatives and narcotics

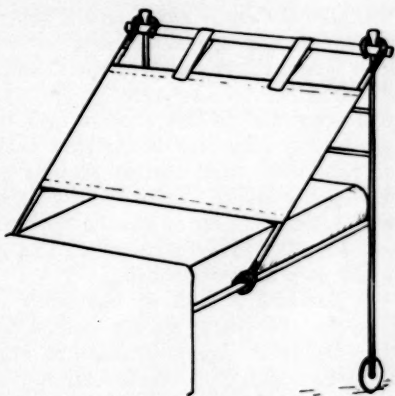


FIGURE 2—BACK REST

may be administered and should not be denied, if necessary, to control the insomnia which commonly occurs. When combined with severe nocturnal dyspnoea and restlessness, morphine should be given without hesitation.

Treatment of Pain

PAIN will vary with the different types of heart disease. The recognition and careful description of the character and location of pain, as obtained from observation of the patient, is often of diagnostic value to the doctor and should be remembered in reporting. Pain may be relieved and the action of the heart slowed by the application of an ice bag over the heart. The bag should always be covered and the weight may be relieved by suspending it from above. Ice is of no value in the acute pain of angina pectoris, but instant relief may be obtained from the inhalation of amyl nitrite perles which the patient should be urged to keep constantly with him, with instructions to break into a handkerchief or gauze and inhale. Nitroglycerine tablets. .0003 gm. to .0006 gm. (gr. 1/200 to gr. 1/100) dissolved under the tongue,

will give the same effect and if taken when the first spasm of pain occurs, may lessen the severity of the attack. Reassurance by the nurse is perhaps more essential to this patient than to almost any other, for during his attack he feels suffocated and as though he were going to die. Splinting the chest with a tight binder or swathe appears to give relief in some instances to the acute pain of endocarditis.

When either pain or dyspnoea is present, the nurse should determine whether it is due to flatulence and treat accordingly. The insertion of a rectal tube may be sufficient, but when necessary to give enemata, all possible exertion and strain should be prevented.

Cheyne-Stokes Respirations

THE occurrence of Cheyne-Stokes respirations in a patient with heart disease is always significant and is sometimes regarded as an ill omen. They appear when the respiratory center is too weak and exhausted to respond normally to the usual amount of carbon dioxide in the blood. Caffeine and morphine are often ordered to be given at such times. The nurse who is more constantly with the patient has the best opportunity of observing the occurrence of this irregular type of breathing, should it occur during sleep or when awake, and she should always make an accurate note of such changes in reporting.

The Use of Digitalis

CAREFUL observation of variations in pulse and the prompt reporting of any changes to the doctor should be made, since a change in the method of treatment is often indicated. For example, the patient whose pulse has suddenly become very irregular may have developed auricular fibrillation and may be helped by

being given digitalis, while the patient already getting digitalis, whose pulse beats only 40 times a minute, should have his digitalis omitted. The nurse must know that the digitalis she is administering will slow the rate of the heart and at the same time increase its force, raise the tension in the arteries and cause a steady and equal flow in the capillaries so that the pulse becomes fuller and firmer. She must also know that if too much is given, toxic symptoms will appear, which are nausea and vomiting, slow pulse and occasionally diarrhea. Most doctors depend on the nurse for the daily charting of digitalis and, combined with other data, use these to regulate the dosage and administration of the drug. When recorded on the pulse chart, it affords better opportunity for analysis.

It is a great help to the doctor if the nurse is familiar with the use of the stethoscope and can count the apex rate, for in patients with fibrillation, the pulse rate is of very little importance; it is the actual rate of the heart itself upon which the doctor will base his treatment.

Diet

THE diet is often a problem and an important one. In the young, the diet should be as nourishing as possible, aiming to improve the general condition. It requires the preparation of a tempting tray, catering to individual likes and dislikes, and often coaxing. In the adult, small feedings of plain food should be given at frequent intervals, avoiding always a large meal, as it tends to overload the stomach and increase the work of the heart. When the patient is obese, portions should be small, so that he will lose weight. Some doctors restrict meats when hypertension is present; and salt, if edema is marked.

When there is edema, fluids should be limited to 1000-1200 c.c. in 24 hours, and carefully charted. If the edema is marked, a milk diet of 200 c.c. four times a day is advisable. When thirst is extreme, cracked ice may be given in small amounts.

Daily evacuation of the bowels should be assured by catharsis or enemata, if necessary, and any abnormality of stools noted. The output of urine should be carefully measured and charted, especially when diuretic drugs are being used to reduce edema.

It is a well known fact that heart damage in established cases, if properly cared for, may become stationary and need not progress. Is it not worth while, then, for the nurse to acquaint herself with the best preventive and arrestive measures, since by their proper use the incidence of heart disability may be reduced? Many cases with damaged hearts will not

be greatly incapacitated if their mode of living is properly adjusted. It has been stated that at least 2 per cent of the population of the United States, over 2,000,000 persons, suffer from serious heart disease, and that heart disease is the cause of more deaths than cancer or pulmonary tuberculosis.

It has a serious effect on longevity, reducing the span of life about one-half. The economic loss to the patient is enormous since a certain degree of disability often exists for years and during the acute stage is complete, causing dependence upon others which may last for months or even years. The care of the cardiac, therefore, becomes a social as well as an economic problem, and although much is still unknown and a great deal of suffering is at present inevitable, it is the nurse's duty to aid in every way to diminish the burden that the cardiac has to carry.

Clubhouse Fund Converted into an Educational Loan Fund

BY LILLIAN L. WHITE, R.N.

THE Alameda County Nurses' Association, District One of the California State Nurses' Association, has given twenty-five thousand dollars, its accumulated Clubhouse Fund, to the University of California, to create an endowment fund, the interest of which shall be available for loans to its members who wish to take advanced work in the University. It is hoped that the fund may be so augmented later, that scholarships and fellowships may be provided.

This gift represents not only countless contributions from earnings, and countless hours of effort on the part of members of the Association through

many years, but it means the renunciation of a dream for a home for nurses, for through these years the clubhouse was a cherished ideal; but after all, the dream never took form, because times changed and with the years came new ways of living, and the need of a clubhouse disappeared. As one gate closed, another was opened by Augusta Selander, that great leader of Alameda County who now heard the call of ambitious youth in its search of an education. May the income from this fund lead young nurses into wider fields of endeavor, into close touch with greater minds, and into life more abundant!

A Symposium on Private Duty¹

I. Advantages of a Central Registry

BY ANNA COLE SMITH, R.N.

TO the hospital: Economy; a saving on the size of its staff; a saving of space.

To the training-school office: A saving of time spent in endless telephoning.

To the nurse: Protection; more work—if her own hospital is not busy, she may go elsewhere.

To the doctor: Saving of time; assurance of getting well trained women.

To the public: Insures skilled care; protection against unscrupulous charging; protection against untrained women posing as nurses.

To the organization: Maintenance of high professional ideals and standards of service.

II. Selection of Cases

BY M. HELENA McMILLAN, R.N.

JUSTIFIABLE if the nurse is not qualified to give the kind of care needed; or if she is particularly susceptible to infection.

In an emergency the nurse should not refuse any case.

If a nurse refuses cases, she must realize that she will not always be busy; the registrar cannot watch for just the cases she takes; the doctor may not feel like giving easy cases to one who has refused others.

A nurse who refuses cases in the home is shortsighted because she needs to make connections outside her own hospital because she may not always like the policy of her own hospital or the hospital may not always want to call her. In refusing home cases, she is failing to make friends with patients, doctors and the public.

Obligation of the hospital to its recent graduates. The younger nurses must be helped to get a start, so the older ones should have established themselves with a clientele

independent of the hospital, another reason for not refusing calls.

The general private duty nurse, not the one on duty in the hospital, is the one who gives the impression of nursing to the public, so she is the most important of the nursing group; she needs good preparation and great courage.

The meaning of nurse is one who cares for all sick people in need of care; she owes it to the public to take calls as they come. When refusing calls, she humiliates the profession, the doctor, the school from which she comes.

She should stay in private duty as long as she is happy and makes a success of it. When she cannot, she should take up some other branch of nursing. The dissatisfied nurse should be eliminated.

Before a holiday season private duty nurses should make arrangements so that some would be on call, dividing the time as do nurses in other lines of work. To have no nurse available on a holiday is not fulfilling our obligation to the public.

III. Should Twenty-four Hour Duty Be Allowed in the Modern Hospital?

BY MALCOLM MACEachREN, M.D.

NO person can give a 24-hour service that is of high grade, even though she has five or six hours off duty. If a patient is not sick enough to call a nurse often

at night, he does not need a special nurse at that time. Many interruptions of sleep at night will lessen nursing efficiency in three or four days' time, even though this may not be apparent at first. There are few hospital rooms built to accommodate two persons except the "semi-private" room with two beds

¹Illinois League of Nursing Education, September 23, 1927.

for patients. If a nurse is sleeping in the room with a patient, space is lessened and so is the air, all bad for the patient. It is an indecent practice to have a nurse sleeping in a hospital room at night, as interns may be coming in and other embarrassing situations may arise. Often the nurse has no place in which to dress.

The Remedy.—The patient who cannot have two specials and who should have special care for more than twelve hours should be given better service by the hospital. The hospital should assume some responsibility when the patient enters, no matter on what service. The hospital owes general care and this should be increased where necessary. Enlarge the staff and permit nurses in training to have practice in special-duty nursing, thereby helping bring about the 12-hour day for nurses.

The patient of moderate means has really

nothing about which to complain. This patient will not take the accommodations he should. One of the great difficulties is that hospitals are trying to run on the same ratio of nurses to patients as they did six years ago. This cannot be done because of additional departments in hospitals requiring services of additional personnel: X-ray, physiotherapy, radiotherapy, metabolism, etc. Special dieting enters here, also, as do transfusions and other time-consuming duties. In other words the nursing service in the hospital has increased enormously and an adjunct staff has not been added. One nurse to every five or six patients was the ratio in 1918 whereas now the ratio should be one nurse to every one and a half or two patients.

Finally (in answer to the complaints of the medical profession) nurses and doctors do not seem to coöperate as well as they should.

IV. Problems of the Registry

BY LUCY LAST VAN FRANK, R.N.

WE are keeping before us continually this thought: The Registry is a public service to the public, to the physician, to the hospital and to the nurse. The standard maintained by it is the standard of the nurses belonging to it and it is the earnest endeavor of all those connected with it to give the very best service to be had. It is when we fall short of this through failure to receive the proper coöperation that we are handicapped and our difficulties arise.

We are almost daily confronted with the problem of how to deal with those nurses who disregard registry rules. We call a nurse on the waiting list and are told she is out. No one knows how long she will be away, or we receive no response at all. If it is a hospital call and we have named the nurse, we must call them back to make our report and have them name another nurse. When we talk with her about her absence without our knowledge and remind her she has lost a case besides making a bad record for herself, her excuse is either something she had to do, or that she knew there were so many before her on the list that she thought there was no prospect of a call. The nurse chafes more under this restriction than any other; especially is this true when the demand is small and she has waited for a few days. When we remind her she could avoid any unpleasantness by telephoning us that she is to be out for a definite time she replies, "Well, I have had so little

work every nickel counts," or, "I don't like to trouble you." She cannot realize she has caused us far more trouble by disregarding a rule.

Superintendents and educators of those who are to be our future registry members can do more than any others to solve this problem. It is not enough, as the period of graduation nears to send students on their way with good wishes and a hope that they will assume their responsibility as individuals. Their social and moral sense should be so developed that they will assume naturally their personal obligations without question.

You may say "Have you not a ruling that a nurse shall forfeit her place on the list for thus failing in her obligations?" We have, but it creates much antagonism and nurses feel we are very unfair. We are making an honest effort to show each nurse that we cannot hold her place and be fair to others who are waiting.

Next to this problem is that of the nurse we reach but who offers some excuse for not accepting the call. She may answer: "I was just going to call you to take my name off, for I am not feeling well," or "I have just accepted a personal call," or "an invitation to dinner."

Another ruling states that a nurse reporting off a short case, lasting 48 hours or less, may be returned to her original place on the list three consecutive times, providing she reports

back within 12 hours after leaving the case. This necessitates a careful checking of dates which are recorded on the back of each member's card as she reports for duty, and is part of the office routine. It is truly a bugbear, for we are repeatedly being questioned by nurses who doubt our ability to place them in the proper position.

Whenever the demand is such that the list is kept moving with not too long a wait, there are practically no complaints from nurses, but they always begin again when they have waited longer than they want to. They even ask us why we register so many nurses when we cannot keep them busy, forgetting that they sought the field they would deny to others.

Delinquency in the payment of dues is another problem which we find most trying. We have been all too lenient, and I fear nurses have taken advantage of it. I think it is largely a matter of unbusinesslike habits or carelessness, due to the irregularity of work and manner of living. Hours on duty at best are long, preventing the making of plans, which has a tendency to make the nurse throw off restrictions when she is not on a case.

There is no doubt but that the private duty group is the most discontented and unhappy of all nursing groups. When work is scarce, her income is inadequate to permit the maintenance of a comfortable standard of living and opportunities for recreation, care of minor health needs and cultural pursuits. The situation in nursing is serious, but by no means hopeless. There are many signs of a change, one of them the widespread unrest and tension which always precede a readjustment.

Some of the complaints registered by hospitals against nurses are: Disregard of hospital rules, criticism of food or of policies, talkativeness, tardiness in reporting for duty, untidiness in a patient's room, absence from a patient's room, poor charting or none, lack of interest, general inefficiency. Of course, such a nurse is not wanted again.

We do not hear much directly from the homes, except that in requesting a nurse people say, "Send us one you know, one who has a nice personality, a good disposition and who knows her business."

Since our problems are largely a matter of ethics, rather than of skill or good nursing technic, can we not look to the schools of nursing to study the whole question of ethics, and put forth a determined effort to instill into students, during the entire course, a fuller realization of their personal obligation and a larger social sense, so that when she takes her place in the world she will make her

influence felt; alleviating instead of becoming a problem?



Prevention of Pneumonia

THE organisms causing pneumonia are widely distributed. Many of us have them in the nose and throat, but they do not give us pneumonia when we are in the best of condition. Sudden changes of temperature from hot to cold or from cold to hot, without the necessary changes of clothing which will maintain a constant skin temperature, give the pneumonia organisms the chance they need for attacking us. As a means of stimulating the skin to accommodate itself to changes in temperature, a daily bath—at first tepid, followed by cool water—may prove useful. Colds which are not attended to likewise provide an excellent opportunity for pneumonia to gain a foothold. Lowered resistance from any cause, such as previous illness, is apt to result in pneumonia unless care is taken not to overexert oneself.—*California State Board of Health Weekly Bulletin.*



Improvising in Private Duty

BY THEODORA STEARNS, R.N.

IN nursing during hot weather, where there is no ice, agar well takes the place of animal gelatin as it readily hardens at room temperature. Water may be kept fairly cool in an earthen, somewhat porous jug wrapped in wet cloths, suspended in air on a shady veranda.

Where pillows are scarce, one may quickly make some out of excelsior to use as a foundation or backing for those of feathers. These may be of different thicknesses. The thinner ones make good "bridges" across from the patient's chair to another to support his legs. They will not slump like those made of feathers.

A thicker excelsior pillow is useful at the foot of the bed in place of a "cradle" to hold the weight of the covers off of the patient's feet, which is desirable, whether or not the case is an orthopedic one.

Sometimes the wearing of high laced shoes in bed is advised as a support in certain conditions. Socks drawn on over these protect the bedding.

In caring for orthopedic cases, to prevent sores by keeping cast "crumbs" from getting inside of the cast, when the stockinette isn't long enough to overlap the edges, bind them with adhesive.

Furnishing and Equipment of a Residence for a School of Nursing

By ALICE SHEPARD GILMAN, R.N.

I. FURNISHING

IN the furnishing of a residence for a school of nursing three things must be kept in mind: first, utility; second, cost; and third, appearance. In placing utility first, we are taking into consideration the whole question of future upkeep. It is obviously better to spend a few dollars more at the outset and buy furnishings of good quality that will keep in good condition over a period of years, than to be guided by a spirit of false economy and purchase equipment which will become shabby and need repair or replacement within a comparatively short time. As for appearance, good furniture of simple design and attractive rugs and draperies cost no more and wear as well as the heavy inappropriate fittings which are often chosen with utilitarian purpose.

Right here it is well to suggest that a permanent committee on furnishings should be appointed from the Training School Committee or others interested especially in the residence. Everyone who has had to do with the furnishing of an institution knows the embarrassment caused by the offer of cast-off pieces of furniture and pictures by well-meaning board members. To refuse them may alienate valuable friends of the institution, while their acceptance may be fatal to any scheme of decoration. To overcome this diplomatic difficulty, a rule should be made that nothing is to be accepted toward the furnishings of the residence that has not first been seen and passed upon favorably by the committee.

In discussing the furniture and accessories best adapted for use, the various rooms are discussed in detail.

Lobby or Entrance Hall

ONE of the requirements for an adequate residence as set forth in a previous article is a separate entrance or lobby. This is sometimes treated merely as a passageway and sometimes as one of the reception or social rooms. If this is done, a vestibule should be provided with double doors to eliminate drafts.

In the case of the small entrance hall, no furniture will be required beyond a rug and one or two chairs. With the large lobby opening into the reception rooms, different treatment is necessary as this will call for furniture that will be in keeping with the general decorative scheme of the suite as a whole.

Remember that the effect of the entrance gives the keynote to the whole residence. A dark narrow entrance will impart an impression of gloom that will be almost impossible to dispel, no matter what efforts may be made in other parts of the building.

Care should be given to the choice of rugs for the entrance. They should be selected with a view not only to their wearing qualities but to the amount of care necessary to keep them looking well. Rugs with a plain surface, particularly those of dark color, will show traces of every footprint. It is, therefore, inadvisable to choose them for use in the halls. A two-toned rug with a small all-over design in a neutral shade will give the best service.

Walls may be finished in paint with a slight gloss so that they may be washed whenever necessary. Light colors such as ivory, grey or tan will

give a more cheerful effect and take little more care than the darker shades so often selected.

Painting the woodwork in a light color undoubtedly makes the most attractive finish, but the amount of care needed to keep it presentable is too much of a factor to give it an unqualified recommendation. Wood stained in harmony with the furnishings and waxed, will give a very good effect and will require far less careful attention.

Living Room

THE living room should be made as informal and cheerful as possible. The furniture should be so arranged that small groups of students may gather without having to move chairs or tables. This treatment is desirable in order that no one group will monopolize the room. Care should be taken to provide enough table and floor lights to afford sufficient illumination for reading or sewing. There should be several upholstered pieces of furniture and other lighter pieces which may be moved if necessary.

If no other place is provided for dancing, consideration must be given to the selection and placing of the rugs so that they may be turned back or easily moved when the students wish to use the room for this purpose.

The living room furniture will receive the hardest sort of wear. Wicker, although cheap and attractive when new, will not stand up under the treatment it will receive. Painted furniture, too, is apt to suffer under hard use so that in the end, natural wood furniture with an oil or wax finish will prove more satisfactory for this room.

It is always a temptation to use chintz or cretonne in covering upholstered furniture, but here it is

inadvisable. Even the most expensive of these materials will soon show soil and will shrink or fade in cleaning. It is, therefore, preferable to use some heavier material such as mohair, denim, haircloth or rep.

With the hangings, however, greater latitude is possible. Almost any good material that does not fade will be practical. This statement does not include the inexpensive chintzes and cretonnes which, although most decorative when new, will fade beyond recognition after a few months' use.

Reception Rooms and Small Sitting Rooms

THE small reception rooms adjoining the entrance should be treated in a more formal manner than the living room. They will not be used as constantly so that lighter furniture which would be impractical for hard every-day wear may be selected.

The same thing is true of the sitting rooms on the upper floors. Here wicker or painted furniture with chintz or cretonne cushions and hangings are quite appropriate.

Dining Room

IN considering the dining room, it is presupposed that the residence under discussion is that of a large school, as small schools find it more economical to centralize all food service in the hospital proper.

Since the war, cafeteria service has been rather generally adopted but now there is a tendency toward providing maid service in the students' dining room. Realization of the benefits of relaxation during meal hours has resulted in this change in attitude toward the cafeteria.

The disadvantages of this method of food service should be carefully weighed against its undoubted saving of time and expense. Poor maid

service, however, is worse than none at all and if it is impossible to make provision for the employment of an adequate number of waitresses, the cafeteria should by all means be chosen in preference.

Small tables for four or six should be provided, and finished so that they may be set with doilies rather than with a large cloth. A soiled tablecloth is inexcusable and the exigencies of the hospital laundry often make it necessary to retain one long after it should have been retired. Doilies, however inexpensive, which may readily be changed or laundered are preferable.

A napkin rack with individual sections with a plate for the insertion of the student's name should be placed near the entrance. An extra division will be needed for special nurses if they use this room.

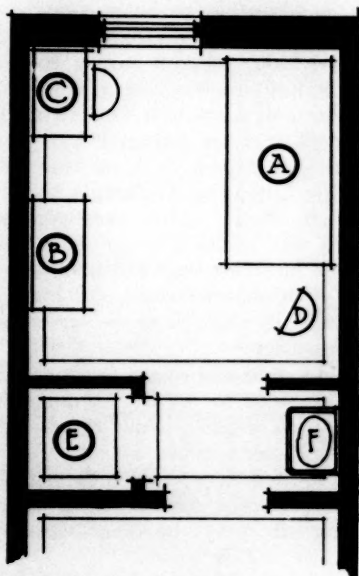
The dining room should be made dignified as well as cheerful. Dignity and cheerfulness will not be gained by the use of cheap cretonne curtains or artificial flowers in the decorative scheme. Unless material of good quality and design can be afforded, it is far better to keep to plain wash curtains.

Bedrooms

Students' Rooms.—In the endeavor to get away from an institutional atmosphere there has been a tendency toward individual treatment of the students' bedrooms. Painted furniture and chintz curtains of varied color and design are being used in the bedrooms of many of the new residences. This idea is excellent in theory but is not practical. Curtains and furnishings should be interchangeable to get the most even wear. White curtains which can be washed when necessary will outwear and look better after a period of use than chintz, cretonne or other colored

material which will fade and shrink in the laundry.

FURNISHINGS FOR STUDENTS' ROOM.



- (A) - BED
- (B) - BUREAU
- (C) - DESK
- (D) - LARGE CHAIR
- (E) - CLOSET
- (F) - LAVATORY

FLOOR PLAN No. 1

Painted furniture for the bedroom is perfectly practical if one wishes to introduce color. With the new method of applying paint by spray, many of the objections to the old-fashioned enamel finish are eliminated and this type of painted furniture is as

easily cared for and kept in good condition as the natural wood, polished or waxed.

Each room should contain a three-foot bed, a bureau, desk or writing table, rocking or easy chair, straight chair, and a shelf for books.

It is advisable to have a picture molding so that photographs, etc., may be hung without injury to the walls and, if possible, a molding at the baseboard wide enough so that furniture will not be jammed into the plaster. A mirror hung on the wall over the bureau is preferable to one attached to it. This arrangement will fix the position of at least one piece of furniture and will help to do away with that constant shifting by the students which is so disastrous to walls and floor.

Cane-seated chairs are impractical. It is possible to secure comfortable chairs with wooden seats which will give far better service.

If a stuffed easy chair is furnished, it should have a washable slip cover so that it may be kept looking fresh.

Hair mattresses are advisable; even if the original cost is greater they will wear longer and be more easily remade than the cheaper substitutes.

Each room should have one large or, preferably, two small rugs. The rag or cotton rugs so often chosen for this purpose are far from satisfactory. They are difficult to keep in place, they do not wear particularly well, and when laundered they soon become shabby and lose their shape. A good quality of wool rug will justify the additional expense as it will outwear the cotton rugs and with proper care will last for years.

Rooms for Supervising Nurses and Guests.—Allowing for the difference in size between these rooms and those provided for the students, the same

general rules for furnishing should be applied.

Suites.—The principal of the school will, of course, be consulted as to the furnishings of her own sitting room and bedroom and, in fact, she should be a member of the Furnishing Committee.

It must, however, be remembered that changes in the position will occur and that another principal may have different ideas as to what constitute congenial surroundings. Hence, the selection of furniture should be guided, not only by the taste of the principal, but by the Furnishing Committee which should pass on the furnishings of this suite as well as on those for the rest of the building.

The same rule should apply to the suites provided for the instructors, assistants, etc.

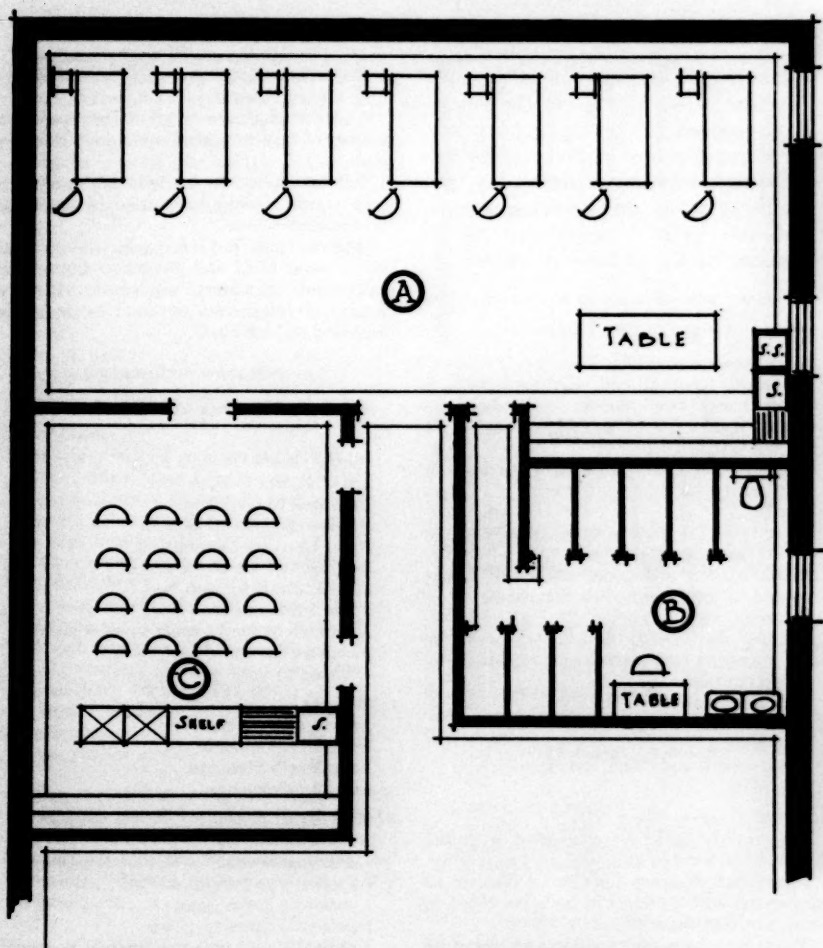
Summary.—These suites, owing to the changes of occupants, must of necessity be more or less standardized, but there is no reason why any member of the graduate staff may not add an individual touch to her own surroundings. Therefore, if any of the faculty wish to furnish their own hangings, rugs, or pieces of furniture they should be at liberty to do so.

It is impossible to lay down definite rules for the selection of furniture or a decorative scheme for a residence for nurses. The amount of money to be spent, the architectural design of the building and many other important factors will influence the final decision.

There are several general rules, however, that may always be followed with safety.

1. Select furniture of simple design and good quality.
2. Provide comfortable chairs and plenty of standard or table lights for reading or sewing.
3. Do not use chints or cretonne where it will get hard wear.

PRACTICAL · NURSING EQUIPMENT



- Ⓐ - DEMONSTRATION · ROOM
- Ⓑ - STUDENTS · DRESSING · ROOM
- Ⓒ - PRACTICAL · NURSING · CLASS · ROOM

FLOOR PLAN No. 2

4. Do not use cheap chintz or cretonne at all.
If you are unable to afford a good quality for curtains, white materials that can be laundered are always preferable.
5. Keep away from dark rugs with a plain surface.
6. Be careful in your selection of pictures.
No pictures at all are far better than poor ones.
7. Do not strive for elaborate effects that are beyond your purse. Simplicity is, in itself, effective.

II. EQUIPMENT

Class Room Suites.—It is possible to outline rather definitely the equipment required for teaching purposes. Therefore, a series of floor plans has been prepared accompanied by explanatory notes on standing equipment and lists of equipment to be provided for the individual student.

DEMONSTRATION ROOM FACILITIES

STANDING EQUIPMENT

Demonstration Room (A)

Standard hospital bed equipped with a mattress and two pillows. (Number dependent upon size of school.) Provide at least one Gatch spring.

Bedside chair and table for each bed uniform in size and type.

1 crib.

Long table for folding linen, blankets, etc. used for treatments.

Blackboard if additional classroom is not provided in connection with this room.

Screen.

Shallow alcove with built-in cupboards for linen, standard tray equipment, utensils, etc.

Linen container.

Irrigating stand.

Wheelchair.

Slop sink.

Shallow sink and drain board.

Gas plate.

Students' Dressing Room (B)

This room should be connected with the demonstration room and equipped as follows:

Individual dressing booths. (Number to correspond with number of beds provided in demonstration room.)

These may be made of sheet rock metal or similar materials or canvas curtains hung upon frames of piping. A built-in shelf may serve as a seat, or individual stools may be provided.

There should also be a toilet and hand basin as well as a dressing table, chair and mirror.

Classroom (C)

This room should also connect directly with the demonstration room in order that the

students and instructor may pass back and forth during classes.

Students' chairs to equal at least twice the number of beds provided in the demonstration room.

Built-in cupboards for teaching equipment for practical nursing to be used by instructor for demonstrations.

Shallow sink, hot and cold water, drain board, work shelf and gas plate, utensil and instrument sterilizers equipped with live steam. Arrangement outlined in floor plan indicated as Exhibit C.

TEACHING EQUIPMENT

(Demonstration Room)

Linen

- 3 large sheets for each bed.
- 3 drawsheets to each bed.
- 2 spreads to each bed.
- 4 pillow-slips to each bed.
- 2 bed blankets to each bed.
- 2 bath blankets to each bed.
- 2 bath towels to each bed.
- 3 face towels to each bed.
- 2 napkins or food towels to each bed.
- 2 bedpan covers to each bed.
- 1 duster to each bed.

Crib Linen

- 4 small crib sheets.
- 2 small crib spreads.
- 2 small crib blankets.
- 4 small pillow-slips.

Miscellaneous Linen

- 3 medicine towels.
- 6 dressing towels.
- 1 patient's gown (woman's).
- 1 patient's gown (man's).
- 1 patient's dressing-gown.
- 1 patient's pair pajamas (man's).
- 1 patient's wrapper (woman's).
- 1 wheelchair blanket.
- 1 pair stockings (man's).
- 1 pair stockings (woman's).

Binders

- 2 Scultetus binders.
- 2 straight binders.
- 2 breast binders.

- 2 T binders.
- 1 pneumonia jacket.
- 1 mortuary bundle or box.
- 2 sets screen covers.
- 2 hot-water bottle covers for each bottle.
- 2 ice-cap covers for each cap.

Enamel Ware

- Dust basins (one for each bed).
- Face basins (one for each bed).
- Kidney basins (one for each bed).
- Bath basins (one for each bed).
- Soap dishes (one for each bed).
- Tooth mugs (one for each bed).
- Bedpans (one for each bed).
- 2 dressing basins.
- 3 irrigating cans.
- 1 2-qt. pitcher.
- 2 2-qt. pitchers.
- 1 measuring cup.
- 1 fish kettle.
- 1 arm soak.
- 2 funnels.
- 1 10-qt. pail.
- 1 stupe basin
- 1 basin for hand brushes.

Rubber Goods

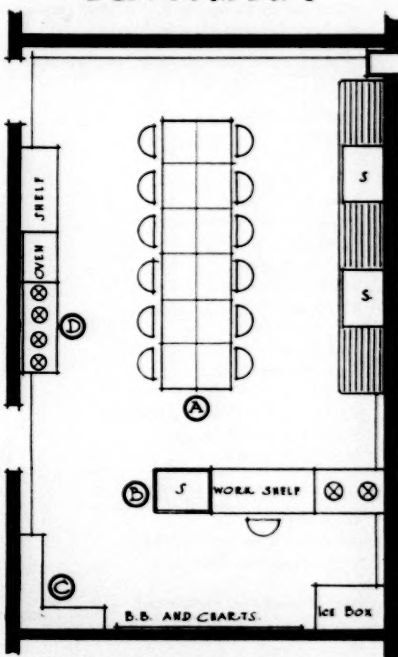
- Hot-water bottles (one for each bed).
- Rubber drawsheets (one for each bed).
- Ether rubbers (one for each bed).
- Dusting rubbers (one for each bed).
- Ice caps (one for each bed).
- Rubber pillow-cases (one for each bed).
- 3 rectal tubes.
- 2 rubber rings.
- 4 catheters.
- 1 throat cap.
- Rubber tubing (3 yds. in 1-yard pieces).
- 2 emergency rubbers (bed size).
- 4 small rubbers for local packs and enemas.
- 1 pair rubber gloves.

NOTE.—All rubber goods used in the classrooms should be put in circulation at the end of the school year and a new supply requisitioned at the beginning of the fall semester. Such a system prevents costly deterioration.

Glassware

- 1 irrigating syringe.
- 3 douche nozzles (glass).
- 3 irrigating tips.
- 4 connecting tips.
- 1 urinal.
- 1 bath thermometer.
- 1 room thermometer.
- 1 specimen bottle for stools.

DECEMBER, 1927

DIET · LABORATORY
EQUIPMENT

- (A) — STUDENTS WORK TABLE AND STOOLS
- (B) — INSTRUCTORS DEMONSTRATION TABLE
- (C) — CUPBOARDS FOR DISHES; SILVER SUPPLIES, ETC
- (D) — GAS STOVE · 4 BURNERS AND OVEN

FLOOR PLAN No. 3

- 1 specimen glass—urine.
- 1 bottle for 24-hr. specimen of urine.
- 2 tubes for collecting specimen of urine by catheterization.

MISCELLANEOUS EQUIPMENT

- 2 electric extension lights.
 - 1 Murphy drip bulb.
 - 2 tube clamps.
 - 2 fine combs.
 - 1 whisk broom.
 - 1 stupe wringer.
 - 1 pair patient's slippers.
- Samples of any other equipment generally used in the hospital.

DIET LABORATORY EQUIPMENT

GENERAL EQUIPMENT

- 1 set of scales weighing 100-calorie portions.
- 1 ice bag (for cracking ice).
- 1 ice pick.
- 2 dishpans.
- 1 can opener.
- 1 nutmeg grater.
- 1 funnel.
- 2 2-qt. bowls.
- 2 1-qt. bowls.
- 2 lemon squeezers.
- 1 potato masher (wooden).
- 1 ice mallet.
- 3 pastry brushes.
- 1 rolling pin.
- 1 bread knife.
- 1 carving knife.
- 1 pair shears.
- 1 2-qt. double boiler.
- 2 pans 14 x 10 inches.
- 2 dozen muffin tins (individual).
- 1 toaster (electric or gas).
- 1 beef-juice press.
- 1 colander.
- 1 teakettle (4 to 6 qts.).
- 1 flour sieve.
- 1 skimmer with perforations.
- 1 2-qt. ice-cream freezer.

Individual students' equipment

- 1 bowl.
- 1 custard cup.
- 1 cover lifter.
- 1 fine strainer.
- 1 coarse strainer.
- 1 egg beater.
- 1 frying pan (small).
- 1 double boiler (small).
- 1 saucepan.
- 1 breadboard (small).
- 2 measuring cups.
- 1 pie plate.
- 1 paring knife.
- 1 table knife.
- 1 table fork.
- 1 teaspoon.
- 1 tablespoon.
- 1 asbestos mat.
- 1 spatula.
- 1 pepper shaker.
- 1 salt shaker.
- 1 individual teapot.
- 1 individual coffee-pot.

NOTE.—This equipment should be provided for every student to be accommodated by this laboratory.

Equipment for Set-up Tray

- Patient's tray (10 x 18).
- Glass.
- Sherbert cup.
- Plate (medium).
- Bread-and-butter plate.
- Saucer.
- Cup.
- Soup plate or bowl.
- Small saucedish.
- Salt and pepper shakers.
- Sugar and cream.
- Hot plate cover.

Linen

- Napkin.
- Tray cover.
- Hand towel.
- Dish towel.
- Dishcloth.

Silver

- Fork.
- Knife.
- Soup spoon.
- Teaspoon.

NOTE.—This equipment should be provided for the individual student.

SCIENCE LABORATORY EQUIPMENT

CHEMISTRY

General Equipment

- 1 adapter for condenser.
- 1 water bath.
- 1 cobalt glass, 4 in. square.
- 1 set cork borers.
- Gingham.
- Glass tubing (for delivery tubes) 6 mm.
- Glass tubing (for fermentation) 18 mm.
- 1 Liebig condenser, 15 in. with water jacket.
- 2 microscopes.
- 1 platform scale with weights.
- Splinters.
- 1 thermometer, 110° C.
- 1 roll copper wire.

Individual Equipment

- 3 beakers, nos. 2, 3 and 4.
- 3 wide-mouthed bottles, 8 oz.
- 2 glass-stoppered bottles, 100 c.c.
- 1 Bunsen burner with rubber tubing.
- 1 candle.
- 1 combustion spoon.
- 1 porcelain crucible No. 00 with cover.
- 2 membrane dialyzing tubes.
- 1 porcelain evaporating dish, 80 c.c.
- 1 file.
- 1 package filter paper.

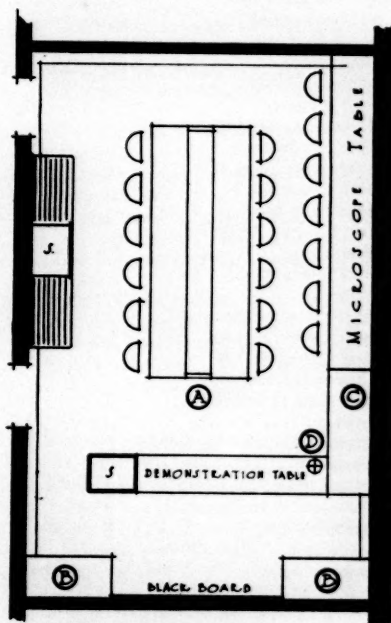
SCIENCE LABORATORY
EQUIPMENT

- 1 flat-bottom flask 250 c.c. with two-hole rubber stopper.
- 1 forceps, 4 in.
- 1 funnel, 2 in.
- 1 copper gauze, 2 x 3 in.
- 1 wire gauze.
- 3 glass plates, 3 in. square.
- 2 glass stirring rods.
- 1 glass tubing, 6 mm. 1 yard.
- 1 graduate, 25 c.c.
- 1 box labels.
- 1 blue litmus.
- 1 red litmus.
- 1 magnet.
- 1 box matches.
- 1 mortar and pestle.
- 6 reagent bottles.
- 4 microscope slides.
- 1 ring stand with two rings.
- 1 spatula, 4 in.
- 1 sponge.
- 1 taper.
- 1 hard glass test tube, 5 in.
- 8 soft glass test tubes, 6 in.
- 1 test-tube clamp.
- 1 test-tube cleaner.
- 1 test-tube rack.
- 1 thistle tube.
- 1 towel.
- 1 pipe-stem triangle.
- 1 watch glass, 2 in.
- 1 wing top.
- 1 platinum wire.

List of Stock Chemicals

- l. = comparatively large quantity.
- s. = comparatively small quantity.
- Others may be purchased in medium quantity.

- l. Acetic acid, sp. gr. 1.04.
- s. Alpha naphthol.
- Alum.
- Ammonium chloride.
- l. Ammonium hydroxide, sp. gr. 0.90.
- Ammonium nitrate.
- Ammonium sulphate.
- Animal charcoal.
- Asbestos fiber.
- s. Barium nitrate.
- Boneblack.
- s. Calcium nitrate.
- Calcium oxide.
- s. Calcium sulphate.
- Cane sugar.
- Carbon bisulphide.
- Carbon tetrachloride.
- Casein.
- Castile soap.
- s. Chloral hydrate.
- Chloroform.



- (A) - STUDENTS TABLE WITH WATER AND GAS CONNECTIONS
- (B) - CUPBOARDS FOR EQUIPMENT AND SUPPLIES
- (C) - SHELF FOR INCUBATOR; AUTOCLAVE CENTRIFUGE, ETC.
- (D) - BUNSEN BURNER

FLOOR PLAN No. 4

- s. Cocaine.
- Copper foil.
- Copper sulphate, hydrated.
- s. Cornstarch.
- Cream of tartar.
- Distilled water.
- Ether.
- Ethyl alcohol.
- s. Ferrous sulphate.
- Formaldehyde.
- Gasoline.
- Gelatin.
- Glucose.
- Green soap.
- l. Hydrochloric acid, sp. gr. 1.2.

- Hydrogen peroxide.
- s. Iodine crystals.
- s. Iodoform.
- Iron filings.
- Iron, powdered.
- Iron sulphide.
- Lime water.
- s. Lithium nitrate.
- s. Litmus cubes.
- Manganese dioxide.
- Mercuric chloride.
- Mercurous chloride.
- Methyl alcohol.
- Methylene blue.
- s. Molybdenum trioxide.
- s. Morphine.
- l. Nitric acid, sp. gr. 1.42.
- Olive oil.
- Pancreatin, commercial.
- s. Pepsin, commercial.
- Phosphorus, yellow.
- Potassium bromide.
- Potassium chlorate.
- s. Potassium dichromate.
- Potassium hydroxide (stick).
- Potassium iodide.
- s. Potassium nitrate.
- s. Potassium permanganate.
- s. Potato starch.
- s. Rice starch.
- Rochelle salts.
- s. Rosin.
- Salicylic acid.
- Silver nitrate.
- s. Sodium, metallic.
- Sodium acid phosphate.
- Sodium bicarbonate.
- Sodium carbonate.
- Sodium chloride.
- l. Sodium hydroxide (stick).
- Sodium nitrate.
- Sodium thiosulphate.
- Steel wool.
- s. Strontium nitrate.
- s. Strychnine.
- Sulphur, powdered.
- l. Sulphuric acid, sp. gr. 1.84.
- Tincture of iodine.
- Turpentine.
- s. Wheat starch.
- Zinc, granulated.

BACTERIOLOGY

General Equipment

- Shelves and cupboard for supplies.
- Large sink.
- Table with good light for use of microscope and gas connections for Bunsen burners.
- 12 stools, of convenient height for work at table.

- 1 Arnold steam sterilizer.
- 1 autoclave.
- 1 gas oven.
- 1 incubator.
- 1 gas stove, double burner.
- 6 microscopes.
- 12 Bunsen burners.
- 1 apparatus support, large.
- 4 apparatus supports, medium.
- 6 clamps for rubber tubing.
- 2 balances, metric with weights.
- 24 test tube baskets.
- 24 wire racks for tubes.
- 12 wire gauze, squares.
- 12 asbestos plates.
- 24 beakers, nests.
- 4 funnels, large.
- 8 funnels, medium.
- 6 funnels, small.
- 12 flasks, 1 L.
- 12 flasks, 500 c.c.
- 12 flasks, 250 c.c.
- 2 burettes, 24 c.c.
- 1 glass pitcher, graduates, 1 L.
- 2 dishpans, large size.
- 6 saucepans, 1 qt.
- 6 saucepans, 3 pts.
- 300 or 400 test tubes.
- 12 doz. object slides.
- 10 doz. cover glasses.
- 4 wax pencils.
- 3 doz. fermentation tubes.
- 6 doz. petri dishes, large.
- 12 doz. petri dishes, medium.
- 4 doz. covered glass jars, 1-qt. size.
- Glass tubing of various lengths and sizes.
- 24 rubber corks.

Individual Equipment

- 12 tripods.
- 12 rubber tubing for burners.
- 12 watch glasses.
- 12 perforated porcelain plates.
- 12 evaporation dishes.
- 12 forceps.
- 12 cover glass forceps.
- 12 test tube clamps.
- 12 probes.
- 12 straight inoculating needles, microm, metal handles.
- 12 looped inoculating needles, microm, metal handles.
- 6 pipette, 5 c.c.
- 12 pipette, 1 c.c.
- 12 stender dishes, large.
- 12 stender dishes, medium.
- 12 dropping bottles, 1 oz.
- 12 glass stirring rods.
- 12 test-tube brushes.
- 12 metric and English rules, celluloid, 6 in.

Stock Supplies

- 1 lb. gelatin, Gold Medal.
- 2 lbs. agar-agar (powder).
- 200 grams peptone.
- $\frac{1}{4}$ lb. jar beef extract.
- 1 pt. alcohol, pure.
- 2 grams bichloride of mercury, powder.
- 2 qts. bichloride of mercury, sol. 1-500.
- 8 oz. dichromic cleaning fluid.
- 8 oz. formaldehyde.
- 4 oz. lysol, pure.
- $\frac{1}{2}$ oz. carbolic, pure.
- 2 oz. carbolic solution, 1-20.
- 8 oz. sodium hydroxide.
- 8 oz. acetic acid.
- 8 oz. hydrochloric acid.
- 1 oz. each of stains, gentian violet, methylene blue, fuchsin pink.
- 1 lb. sodium chloride.
- $\frac{1}{4}$ lb. cane sugar.
- 2 oz. glucose (powder).
- 3 vials litmus paper, blue.
- 3 vials litmus paper, pink.
- 1 package filter paper, 250 mm.
- 1 package filter paper, 150 mm.
- 2 boxes labels, medium size.
- 12 sheets gummed paper.
- 24 sheets lens paper, Japanese.
- 1 oz. Canada balsam, with xylol.
- 4 oz. xylol.
- 12 sheets manila paper.
- 2 balls twine.
- 2 lbs. absorbent cotton.
- 2 lbs. nonabsorbent cotton.
- 1 lb. cotton waste.
- 2 cakes sapolio.
- 6 cakes soap.
- 1 package matches.
- 3 doz. towels, small.
- 2 doz. cleaning cloths.

ANATOMY AND PHYSIOLOGY

The table used for bacteriology and chemistry may also be used for these classes.

Individual Equipment

- 12 dissecting pans, small.
 - 12 dissecting needles.
 - 12 scissors.
 - 12 scalpels.
 - 6 ft. small rubber tubing.
 - 4 ft. large rubber tubing.
 - Object slides
 - Cover glasses
 - Staining reagents
 - Microscopes
 - Prepared tissue slides
 - 8 probes.
 - Dishpans, cleaning cloths.
- } The same as used in bacteriology classes.

LECTURE HALL EQUIPMENT

Standing Equipment

- Chairs to accommodate two-thirds of the school.
- Demonstration table or desk with running water and gas connection; also small sink.
- Blackboards (electric lighting from above).
- Cabinets for skeleton, mannikin and models.

TEACHING EQUIPMENT

Models

- Three-fourths or full size model of woman, dissectable.
- Full size model of pelvis, with female reproductive organs, dissectable.
- Model of ear, showing middle and internal ear.
- Model of eye, dissectable.
- Full size dissectable model of kidney.
- Full size dissectable model of brain.
- Model of head, showing nasopharynx, larynx, etc.

Skeletons

- Skeleton, mounted on standard.
- Skeleton, disarticulated.
- Long bone, lengthwise, to show medullary canal.
- Skull, showing sinuses, middle and internal ear and mastoid cells.
- Infant's skull.
- Child's skull showing dentition.
- Female pelvis with ligaments.

Charts

- Charts on rollers showing:
 - Nervous system.
 - Circulatory system.
 - Dentition.
 - Embryology.
 - Muscles.
 - Respiratory system.
- Projectoscope and slides.

INSTRUCTOR'S OFFICE EQUIPMENT

Standing Equipment

- Desk—flat top equipped with adequate drawer space.
- Desk light.
- Comfortable desk chair.
- 2 straight chairs.
- Filing cabinet.
- Cupboards or closet for supplies.
- Typewriter or part-time stenographic assistance.
- Typewriter table.
- Mimeograph.

Teaching Equipment

- Adequate supply of notebooks.
- Typewriting paper, carbon paper.

Scratch pads, pencils.
Pencil sharpener.
Examination paper, etc.

REFERENCE LIBRARY OR STUDY

Standing Equipment

Long table equipped with proper lighting.
Bookcases for reference books.
Comfortable chairs.

Teaching Equipment

Dictionary.
Files of the *American Journal of Nursing*
and other magazines dealing with nursing
and health.

Modern reference books on the following
subjects:

Anatomy and physiology.
Bacteriology.
Chemistry.
Personal hygiene.
Sanitation.
Dietetics.
History of nursing.
Medical nursing.
Surgical nursing.
Obstetrics.
Operating-room technic.
Gynecology.
Communicable diseases.
Occupational diseases.

Diseases of the nose and throat, ear and
eye.

Mental hygiene.

Psychiatry.

Pediatrics.

Public health nursing.

Private duty nursing.

School nursing.

Occupational therapy and on any other
subjects which have a direct bearing on
the preparation of the nurse.

EQUIPMENT FOR LAUNDRY AND KITCHENETTE LAUNDRY

Standing Equipment

Set of stationary tub—may be enameled
iron, vitreous china or slate. (Number
depending upon the size of school.)

Wringer.

Washboards.

Folding ironing boards with electric plugs
conveniently placed for attaching iron.

Electric irons with pilot lights. (These
should be in charge of the matron and
returned to her immediately after use,
unless a standard laundry fixture is
installed.)

Dryer—unless there is an opportunity to
hang clothes out of doors.

Clothes horse or wall brackets.

KITCHENETTE

Standing Equipment

Gas stove, three-burner, with small oven.
Sink and drain board.

Dish closet.

Small table with enameled iron or vitralite
top.

Icebox (this is optional).

Ventilated closet for dish towels.

Ventilated closet for garbage pail.

Standard containers for such staple supplies
as coffee, tea, sugar, cocoa, bread, etc.

China.

Silver.

Limited number of cooking utensils.

The limited space assigned to this
article makes it impossible to discuss
flooring, lighting and plumbing or to
go into the details of household sup-
plies, as linen, which are so important
in the furnishing of such a building.



The Healing of the Nations

THERE are incorrigibly hopeful people who
hail science as a means of social salvation.
Forgetting what happened only the other day
they look forward confidently to a world
saved from want and disease and unified by a
spirit of brotherhood and good will. How
different the outlook of another group who
see in indiscriminate medical care and the
prevention of disease only the thwarting of
natural selection by the preservation of the
unfit, the handicapping of superior races, and
the hastening of war through over-population!

Between the greeters of the millennium
and the prophets of disaster are to be found
those who carry on by taking what seems
to be the wisest next step. While the "fit"
are being defined and the superior races de-
termined, these pragmatic folk try to gain
more scientific knowledge, to relieve suffer-
ing, to control communicable diseases which
threaten both the superior and the inferior,
to diffuse information about health with
the faith that nationally and individually the
fit are likely to profit by it and the unfit to
give little heed.

Quite frankly taking this middle course,
the Rockefeller Foundation seeks to increase
and distribute knowledge, to promote organi-
zation nationally and internationally, to
improve professional efficiency, to deepen a
sense of comradeship in science and thus
to further its chartered aim, "the well-being
of mankind throughout the world."—*Rocke-
feller Report*.

The Democracy of Kindliness

"WE make a great event of our Christmas festivities, whether they be simple or otherwise, believing that it is the Spirit of Christmas, after all, which brings the real joy and gladness," says Alice P. Thatcher, Superintendent of Christ Hospital, Cincinnati. "Sometime during the week before Christmas a party is formed and taken in a large truck to the country where a number of Christmas trees are secured which are then blocked and distrib-

by a student's dramatic organization, which are attended by the entire personnel. Santa Claus, in person, seems to visit most of the childrens' wards of the country. Christ Hospital, however, has introduced an innovation—the Christmas fairy. A student nurse, dressed in appropriate gauze and tinsel, visits the bedside of each patient and leaves a small gift taken from the Christmas tree which, mounted on a small truck, she pulls after her through the corridors.



CAROLS AT CHARITY HOSPITAL, NEW ORLEANS

uted through the hospital. Then too there are donations for quantities of southern smilax, laurel, and holly with which to deck wards and corridors."

Similar replies came from the dozen or more hospitals which were asked about last year's celebration. We liked especially the phrasing of Elizabeth M. Jamieson of Fabiola Hospital, California, who wrote, "Our festivities represent, as far as we can make them, the democracy of kindliness." Over and over we find emphasis on the effort to make the Christmas celebration one to be enjoyed by all the many groups under the hospitable hospital roof.

Several hospitals mention the "play-ettes" put on during the festive season, sometimes by the faculty, sometimes

The Christmas Eve and Christmas Day trays provide many opportunities for ingenious thoughtfulness. At Christ Hospital, on Christmas Eve, the patients always find on their trays either a Santa Claus, a small Christmas tree, or a small candle holder containing a Christmas candle. On the breakfast tray is placed an appropriate Christmas greeting which is addressed to the patient, also a grapefruit or orange basket on the handle of which is tied a spray of holly. The dinner tray carries the Christmas dinner with the addition of a salad consisting of a spray of holly from which the berries have been removed and the leaves carefully washed. On this is placed an apple which has been boiled in a syrup of



NURSES' DINING ROOM, PROVIDENCE CITY HOSPITAL

red cinnamon drops and water and topped with whipped cream dressing.

At the Miller Hospital, St. Paul, there are favors for each meal. Any nurse, anywhere, could deck her patient's tray with a candle stick made by sticking a green birthday candle on a large flat red gum drop. Over the candle should be slipped one "life saver," while another is waxed on for a handle. Greeting cards are the feature of the breakfast trays. At dinner gay nut cups and red paper roses, three inches in height, wired to the place-card holders make festive array; while at supper, small two-inch wire wreaths wrapped with crêpe paper are used.

At this hospital the spirit made manifest in the handsome lobby pervades the entire institution. Mounted on a carved marble bench, a lovely color effect is produced by the tree, heavily laden with glittering silver tinsel, which is surrounded by many sturdy red altar candles beside which are placed the black-bound hymnals for use by carollers.

The Minor Hospital in Seattle makes every effort to carry homelikeness to the patient's rooms, and sets up tables for those who are privileged to have guests.

Plans for the nurses are of many sorts. At the Children's Memorial Hospital, Chicago, where Santa is in bounteous evidence in every ward, the

nurses have a Christmas pie, a huge affair looking like a glorified chrysanthemum to the petals of which are attached the store of gifts.

At Grant Hospital, Columbus, Ohio, the Superintendent, Mary A. Jamieson tells us that the tree for officers and students has a ten-cent gift for every member at the hospital party. As Santa reads the accompanying verses aloud, the fun mounts high. At this hospital, one-half the students go home the day before Christmas to remain for three days, the other half go for three days following their return. The time is alternated so that those who do not have Christmas with their loved ones one year, have it the next.

A bundle is a funny thing.
It always starts me wondering;
For whether it is thin or wide
You never know just what's inside.
Especially in Christmas week
Temptation is so great to peek!

Because John Farrar's little verse is so very true, many hospitals carefully treasure all packages which arrive in advance, in order that the utmost enjoyment may be had on the great day itself.



Courtesy Dennison Mfg. Co.

A PATIENT'S TRAY

A jolly Santa Claus "cut out" makes even the plainest ice-cream attractive.

Hospital after hospital pays tribute to the Junior Auxiliary, the Woman's Committee, the Christmas Twig, or the club or society that, by its thoughtfulness, makes the hospital Yuletide a time of genuine happiness.

A School for Nurses in Chile

BY SARA E. ADAMS, R.N.

THE Training School for Public Health Nurses in Chile, *La Escuela de Enfermeras Sanitarias de Chile*, was first proposed as a corollary to a general health program.

At the request of the Chilean Government, Dr. John D. Long, of the U. S. P. H. Service, was loaned as technical expert in planning the development and organization of the program. A Ministry of Hygiene and Social Service was created and under the Department of Hygiene, a new sanitary code was formed and presented to Congress. It became a law in 1925 and gave an efficient organization for carrying on the work under a Director General of Sanitation. One of the various branches established was the Department of Sanitary Education and under this branch, provision was made for the establishment of the present school and the employment of a graduate nurse as directress was authorized.

More than a year has been spent in preliminary work, finding and modifying suitable buildings and equipping them for use, but the school has finally begun to function.

As the need for public health nurses was urgent, it was decided to select from the graduate nurses of Chile a number of the most capable and give them an intensive course in the work, having them ready to send into the field by the end of the present year.

Next year we plan to begin a regular three years' nursing course, stressing the public health work throughout. This is necessary until the schools make their entrance requirements higher and their instruction more comprehensive, but we wish in time to make ours a postgraduate school for public health nurses, leav-

ing the general training to the schools already established.

There are three schools in Chile whose graduates are recognized and given a government diploma by the University of Chile. One of these schools is in connection with the Hospital de Niños in Valparaiso and the others are in Santiago, one connected with Hospital San Vicente and the other with the Hospital de Niños Manuel Arrairan.

There is a National Council of Nurses, appointed by the federal government, consisting of the Dean of the Medical School, the Director General of Sanitation, the Director General of Social Service, the directors of the three training schools mentioned, the directresses of the school for public health nursing and for social service work. The question of raising standards for schools and advancing the profession in Chile is being studied and the outlook is very encouraging.

There are twenty-five students in our school, carefully selected after physical, mental and professional examinations among the graduates of the government nursing schools. One of the students has completed two years in the School of Medicine in the university.

The administrative offices, classroom, demonstration wards, apartment of directress, dining room, kitchen, etc., are in one building; the students' quarters are in two chalets having a large garden, all connecting with the main building.

The first students were received February 7 of the present year and the past three months have been devoted to reviewing and supplementing their general nursing, demonstration of methods using a student as subject,



ONE OF THE NURSES' COTTAGES

visits to various institutions, laboratories, classes in civic education and a general review of subjects taught. Such theoretical review seemed necessary. We hope to open the wards and clinic for practical work during June.

The wards contain beds for seventeen adults and twelve children. Patients will be selected from the public dispensaries, emergency stations, etc., with relation to their value as material for demonstration, making the correlation of class work with practical work possible.

As the school is purely educational and expenses are paid by a generous government appropriation, no patients will be taken except those of value for instruction and practice.

The students have comfortable, well

furnished quarters, with reception rooms and a small kitchen in each chalet for their own use. There are from one to three students in a room, according to size. Eight-hour duty will be the rule. We are beginning a reference library to encourage outside reading.

There is a great lack of nursing textbooks in Spanish but, with lectures, conferences and outside reading, we hope to make up the deficiency. Most of our instructors read and speak English so that books in that language will be at their disposal in the reference library.

The work is new but, with the interest which has been awakened and the support of the administration, its future seems assured.

Why Don't We?

Several Suggestions for Schools of Nursing

BY FRANCES MALTBY, R.N.

IF schools of nursing were asked what two things they wanted most of all, I think the greater part of them would answer: "More student nurses of increased education—and funds!" Both would be the outgrowth of mutual understanding.

When each superintendent of nurses assumes the responsibility of forming public opinion by utilizing two able tools which she has been too preoccupied to seriously consider, this will come to pass. So close at hand are these tools that they have been largely overlooked as an immediate means to an immediate end. They represent the intelligence of two leaders in the profession and need simply be set to work with initiative and faith, and our ship will come rolling into port, heavy laden with the desires of our hearts.

More girls, girls of added intelligence, will come into nursing when they see *themselves* doing something in nursing that they'd enjoy doing; when the girl who cares for teaching finds there is well paid work as an instructor, with the possibility in some instances of living in her own home; when the girl who is administrative discovers the immensity of outlet that nursing provides in more than one of its fields; and when the girl of business ability realizes she may manage the affairs of an institution.

A clear enumeration of varieties in the graduate field, together with approximate salaries and an idea of educational standards is given in Miss Stewart's "Opportunities in the Field of Nursing." Obtained at fifteen cents a copy, or ten dollars a hundred, from The National League of Nursing

Education, and not only placed in the vocational files of the high schools, but enclosed with catalogues sent to young women, it will bring results. One or two educators have adopted this plan, among them Dean Goodrich of the School of Nursing of Yale University. This booklet was sent to high school girls interested in nursing, following the spring campaign carried on in the high schools of New York state by the Committee of Education and Publicity of the New York League of Nursing Education.

Miss Stewart laughingly remarks that she hopes some one will do something better than "little old Opportunities," but, till something dramatically illustrated with concrete instances is evolved, this authentically informs the intelligent of opportunities of such great variety that they can seldom be contained in the talks or interviews given by the superintendents of nurses.

As the intelligent girl is intelligently reached in increasing numbers, the dearth of qualified instructors will automatically disappear, which in turn will increase the quota of intelligent student nurses, and so on—in a shining circle.

When a second-year student nurse says she is wondering what the opportunities are in graduate work, I wonder why all student nurses are not given Miss Stewart's booklet at the beginning of their second year in nursing, required to recite on its contents at least once, and prepare a paper as a result of this perusal. They might then continue their course not only with a clearer plan for the future, but also with increased

power for drawing their friends into nursing.

And the average doctor, hospital trustee, and member of a nursing school committee, how great a variety in the profession do they see? Why not get them to read this booklet that they may think in broader terms of the nurse than as an adjunct of their hospital, or home, or town? The chairman of the committee of the school of nursing would seem to be the logical one to start with. She could induce the members of her committee to read it, then the chairman of the board, etc.

As we've maintained justly, for years, superior girls will be more apt to flock to us when offered adequate professional education and suitable living conditions, including a normal life with recreational outlet. But nowadays the school that lacks these, lacks funds, lacks an understanding committee, board, and community.

But a utilization of Miss Nutting's brief, brilliant, and convincing fifteen-page address, "A Sound Economic Basis for Schools of Nursing," is able, I do believe, if deftly handled, to revolutionize the viewpoint of backward groups. The single booklets of this can't be had any more, and the whole volume of addresses bearing its name might scare off an uninterested laity.

If its fifteen pages were typed with wide margins and double spacing, it would look as easy to read as it is enthralling and convincing. This should circulate from the committee through the board, each who reads it being responsible for another's doing likewise (unless it were read aloud at a meeting) and lo and behold!

To that typewritten copy let's add, as a sort of underscoring, this excerpt, found on page 95 in the book:

The idea that it shall cost anybody anything to give a nurse a proper education has been

for so many years unthinkable that we cannot wonder if it stands for some time in the way of better development for training school work

and so on, to the end of the paragraph.

Reading this will be a natural step to reading the Report of the Committee on Nursing Education based on the survey of schools of nursing financed by the Rockefeller Foundation, and from that, a matter of course to a yearly selecting for study and comment of parts of the Annual Report of the National League of Nursing Education. So knowing more of both the rights of students and the varied contributions of graduates, their attitude must needs change and coöperation result.

But if both these viewpoints are desirable for the committee, the board, the community, why not both also for the student body? Have we any right to graduate nurses ignorant either of the scope of their own powers or of the problems which beset their own profession? Shouldn't they in their senior year have one recitation or conference on Miss Nutting's essay, or the Report of the Committee on Nursing Education? Wouldn't a paper on professional problems be desirable?

Occasionally a student nurse attends an annual convention, some schools of nursing have classes on the contents of the *Journal*, other schools require each student nurse to subscribe to the *Journal*, thereby fostering a loyal and educated attitude; but welcome the day when all state board examiners will ask, as routine, one question regarding the graduate field of work and one regarding educational problems. Welcome the day when the nurse graduates with clear-sighted vision regarding her profession as a whole. Undoubtedly she will sway in its behalf that greatest of human forces—public opinion.

An Appreciation of Nurses

BY ONE OF THEM

A REMARK was made by a prominent citizen that when war was declared, the only groups ready for action were the nurses and the Boy Scouts. I think that remark holds good in peace, as well as war. In this age where criticism, constructive and destructive, is launched at everyone in every walk in life, the nurses come in for their full unstinted share. The doctors and newspapers score us. But, Mashallah! once in a blue moon, someone says something nice about us.

At a meeting of nurses held in New York, in 1919, a prominent society woman who had been interested in nurses and also very kind to them addressed us. During her talk she asked all those who had been in France or served abroad to stand up. I was one of those who had to remain seated. It was not a *beau geste*.

Many of us who had been in service suffered keenly from this humiliation, and I for one recalled the long hours of duty during the influenza epidemic and, later, the days and nights spent in quieting shell-shock and other mental patients whose nerves had given away under the strain of the unusual life demanded of them at the time. Other nurses who had kept the home fires burning in hospital, public health or private duty, felt the cruelty of this discrimination. I know the lady did not mean to inflict sorrow, but it was just one more example of thoughtlessness, as many criticisms are.

Now I have been abroad and have had all the pleasure of the sea trip, the delight of new and strange places, felt the lure of travel and study. I have had the privilege of serving where most needed in time of trouble, war and pestilence. And I have come

back and received my full share of applause and approval; in fact, so much so that I have felt embarrassed, as I know any nurse put in the same place would have acquitted herself as well or better than I. And it is for this reason that I am writing this—to express to all those who have carried on in the day-by-day war against all the ills flesh and mind are heir to, my full unbounded admiration of these my fellow-nurses.

We who have had the excitement and the unusual experiences can never truly appreciate the steadfastness in the daily grind of those who have stood by, day after day, doing the same tedious monotonous things. Those who are in public health work do get many changes in the types they serve, those in hospitals do have the advantage of contacts with other nurses and those who have private patients and variety enough are also fortunate. But it is to those others, who serve in sanitariums for the tuberculous and malignant diseases and the mentally ill, that we must bow.

We are not our brothers' keepers, but we are our brothers' helpers, especially those who are ill, and heavily burdened by illness.

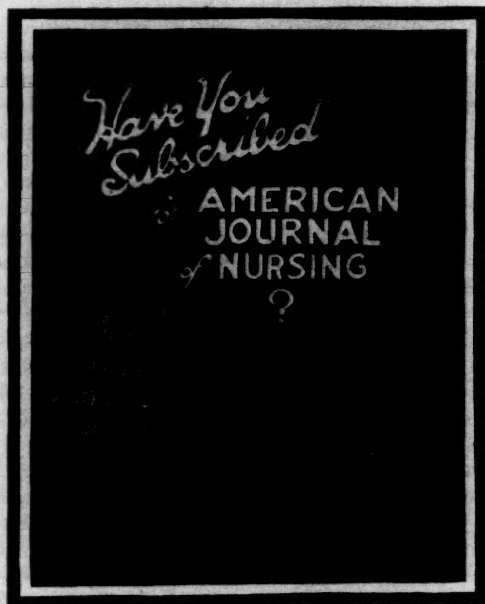
Shortly after my return I was asked by a venerable padre if I still had faith in humanity, and I replied that I had unswerving faith in the ultimate goodness of my fellow-men.

And I was not especially thinking of the "neighbor" in the refugee camp who gave up her only sheet to wrap her friend's body in, so something would be between it and the damp ungentle earth, nor of the mothers who assist other mothers at the needed time, nor the men who help build the next-door shack in their "leisure"

moments—but of those of our wonderful sisterhood who serve their fellow-creatures in hospital, institution, Army or Navy, and in all homes from the wealthy, all the way down the scale, to tenement districts and in

the mining camps and the lonely mountain places. To all of these I bow, and I am proud to call sisters and colleagues, those who live out the injunction, "Comfort ye, comfort ye my people."

Journal Posters



THE Alabama and the Nebraska state associations make a feature of *Journal* posters at the annual meetings by offering prizes to student nurses. Some of this year's exhibits show delightful originality.

The prize winner at the Alabama meeting was made by a student at St. Margaret's Hospital, Birmingham. It indicated, in a most interesting fashion, that the *Journal* is a source of many inspirational and constructive forces in nursing. The second prize poster was sent to the International Council of Nurses because it indicated a nurse "sitting on top of the world" with the *Journal*.

At the Nebraska meeting the prize of \$15.00 went to Emma Alexander of Lord Lister Hospital, Omaha, for her delightful concep-

tion, the "*Journal Goes Round the World*." The drawing shows the *Journal* literally going round the world by train, by ship, by aeroplane. Another poster in this contest, in which twenty-six posters were entered, illustrated the verse

"Old Mother Hubbard went to the cupboard,
An article on health she was hunting,
So then to her delight she found there in sight

The American Journal of Nursing."

Few of the posters can be reproduced in our pages for lack of space. That shown above is one prepared by F. O'Brien, Student Nurse, Christian Hospital, St. Louis, for the Missouri State Association.

Caring for Premature and Underweight Babies¹

As Practiced at the Lying-in Hospital, New York

BY LILA J. NAPIER, R.N.

IN the past the care of premature and underweight babies at the Lying-in Hospital has been a problem. The number of babies varied greatly from time to time, they were scattered through the nurseries, and the student nurse group caring for them was of necessity a changing one, making nursing care unsatisfactory.

In September, 1926, a plan was developed by which all premature babies could be accommodated in one room with permanent nurses to care for them. A room 9 x 17 feet with 15 foot ceiling was secured, well ventilated and lighted. This room holds ten cribs separated by muslin curtains hung from wires passing from wall to wall between the cribs. It has hot and cold water, electric hot plate, and all other necessary equipment for the care of these babies.

There has been no difficulty in keeping the temperature of this room between 76 and 80 degrees with the ordinary radiator. Sufficient moisture in the air has been provided by the constant use of water on the hot radiator, steam from the small sterilizer, and the frequent running of faucets in the filling of hot water bottles, etc. Open windows in the large room from which this nursery has been partitioned provide proper ventilation.

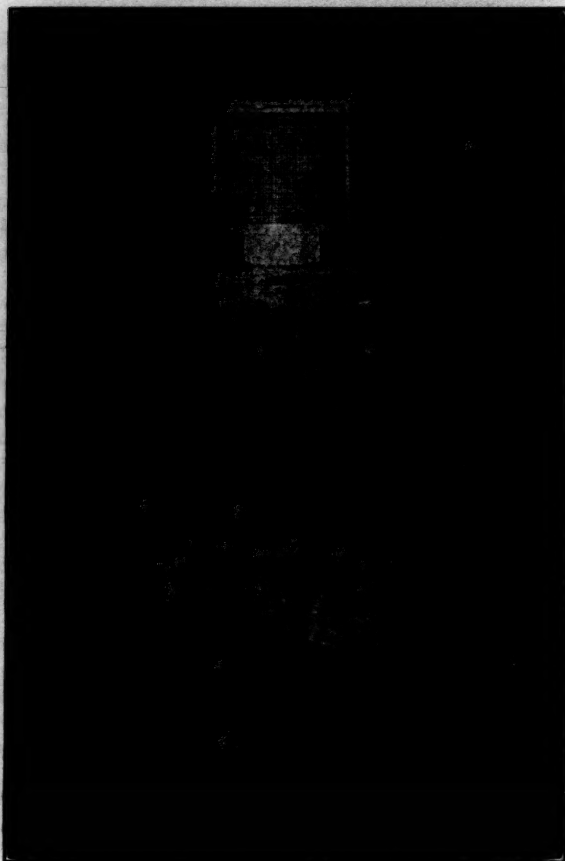
Constant heat in each crib is maintained in the following manner: A small crib of closely woven wire stands inside the ordinary nursery crib which is lined with cotton quilted padding. The inner crib has a small mattress and is also lined with the

padding. The space between cribs is three inches at the sides and five and one-half inches at the head and foot. Five hot-water bottles are placed in this space, two on each side and one at the foot. The water in these bottles can be as hot as desired, as there is no possible chance of the baby coming in contact with them. Thermometers kept in the inner crib register 80 to 85 degrees F. This is regulated by the temperature of the water in the bottles or the removal of some of them. A body temperature of 98 to 100 degrees F. has been very constantly maintained by this procedure. Temperatures are taken twice in the twenty-four hours, once during the day and once at night.

The baby is dressed in a cotton band, vest and diaper and wrapped in a square jacket of which one corner is rounded to form a cap for its head; the other three corners are folded around it. These jackets are made of 70 per cent wool blankets and are washed by hand in order that they may be kept as soft as possible.

A routine is followed in the general care of the babies which varies as required by unusual conditions. Babies are removed from their cribs only for special treatments such as saline injections and the ultraviolet ray treatments; the latter are usually given after the baby is two weeks old. When strong enough to go to the breast, they are carried to the mother, and to the room where the light treatments are given, in the small crib. This makes handling less and reduces the likelihood of exposure.

¹ As described in the Hospital Report.



The clothing is changed when necessary and at this time the body is rubbed with warmed cotton-seed oil. The buttocks are kept well oiled at all times, this being done at each change of diaper. Soap and water baths are begun as the age and strength of the baby permit. They are weighed every second day in their clothing, the weight of which is deducted.

Breast milk is used almost entirely for feeding. When it is not possible to obtain a sufficient quantity from the patients in the hospital, feedings from prescribed formulae are given;

as a rule not more than one in twenty-four hours is necessary. Methods of feeding are the Breck feeder or nursing bottle, and, when these are not possible, gavage. The amount of milk given at each feeding depends entirely upon the baby, beginning with one or two drams and increasing as they are able to retain it. Eight feedings are given in twenty-four hours. It is difficult to get them to take water in addition to this.

Babies weighing from 1,200 to 2,200 grams have been admitted to this nursery; they have lost, as a rule,

from one to three hundred grams their first weight days, after which they have gained slowly and steadily twenty-five to seventy-five grams every second day.

In order to make room for other babies needing premature care, it has sometimes been necessary to transfer babies weighing 2,100 to 2,200 grams, and whose condition warranted it, to the general nursery. In some instances, when the mother is interested and equipped to care for her baby at home, it is discharged from the hospital in two weeks, the mother being fully instructed as to its care. If she is not nursing it, a formula is prescribed and is used in the hospital several days before discharge. It is not the policy, however, to discharge premature infants until they have attained a weight of 2,250 grams.

Since the opening of the premature nursery, seventy-five babies have been admitted. Fifty were discharged to their homes; one was transferred to the Isolation Nursery with gonorrheal ophthalmia, fourteen expired, and ten are still in the hospital. Of the fourteen who expired, eleven died within twenty-four hours; autopsies on the remaining three show cause of death was hemolytic jaundice, pneumonia, and cerebral hemorrhage. The average stay in the hospital, per baby, has been nineteen days.

The nursing in this department is done by permanent nurses' aides who have completed the six months' course given at the Lying-in Hospital and who have been selected because of their particular fitness for this work. They are closely supervised. It is unfortunate that the student nurses do not have this experience,

but where the nursing personnel is constantly changing it is difficult if not impossible to develop the patience, efficiency and interest upon which the successful care of these infants so largely depends.

The result of the work done in this department, covering a period of six months, has been most gratifying. Factors considered important in the care of premature and underweight babies, such as maintenance of heat, prevention of infection, and breast milk for feeding, have been provided with a minimum of cost and equipment, and the simplicity of technic has made it possible to care for these patients with a comparatively small staff of attendants.



Christmas in the Philippines

THE doors of the Sala were thrown open, and there in all its beauty stood the Baguio pine with its topmost branches brushing the ceiling. Beautiful red glow from shaded lights added to the attractiveness of all the neatly tied packages under the tree, gifts to the nurses—gifts sent from across the waters, gifts of true love. Through the open doors the beautiful Southern Cross faded, and in its place came the glow of the morning light. Fifty student nurses in their blue and white, six graduate nurses in white, six hospital missionaries and two missionary guests filled the room to overflowing. There song, prayer and joy reigned. The nurses are so dear and faithful, give so much real service to the hospital each day. One, representing the student body, arose after they had all received their gifts and presented the Faculty with a polished wooden bank, with a letter from the student group explaining that throughout the year each had contributed money whenever possible, which enabled them to present the School of Nursing \$60. It means they as a group are beginning to feel that it is their school, and a school which must grow. Oh, the beauty and true worth of such young womanhood."—A. P. M. (Manila) from *The Cherry Tree*, Washington University Alumnae, St. Louis.

Tuberculosis in Children

The Clinical Aspect of Its Diagnosis, Prevention and Treatment

By J. A. MYERS, M.D.

A NURSE had spent weeks trying to convince a mother that she should take her children to a clinic for careful examination. The father had recently died of tuberculosis after having been ill in the home for many months. Finally, the mother gave consent. An expression of gladness was on the nurse's face as she helped get the children ready for the clinic. They arrived early, but much to her chagrin and disappointment the examining physician upon looking at the children and in the presence of the mother said: "Why did you bring these healthy looking children here?" The nurse replied: "Because of their long exposure to tuberculosis." The physician said: "But they are not sick. I am here to examine sick children." This physician had the old-time conception of tuberculosis in childhood, the nurse had the modern conception, but in two or three sentences the physician offset all the work that the nurse had accomplished in weeks. It is true that each of these children might have had tuberculous disease with need of care, although they appeared healthy. Such instances, and they are not uncommon, make us wonder when we shall get away from the idea that people must look emaciated and almost hopelessly ill before it is necessary to investigate their health. It is true that a child may look ill with tuberculosis, but usually this is not the case.

In the diagnosis of tuberculosis in children there is no short-cut. It is one of the really difficult tasks in medicine. It requires patience, per-

severance and understanding. The diagnosis very frequently begins with the nurse entering the home, manifesting much patience and perseverance in listening to arguments repeated day after day, but finally obtaining permission of the parents or guardian to have the children examined. When she takes such children to physicians, nothing but a very detailed history will suffice. If the physician is expert, he wants to know about the health of each of the child's associates. He wants to know about previous illnesses of the child, such as scarlet fever, pertussis, tuberculosis in any form, measles, unexplained attacks of fever, or any other serious illness. He wants to know about the child's food in the past. Has he had the proper amount of protein, carbohydrate, vitamin, etc.? Has there been any possibility of the food becoming contaminated? Has it been well cooked? Has the milk been pasteurized or boiled? He inquires about the child's physical activities. Has his play spirit changed? Or does the child play the same as he always has, and as other children do? Are there times when he appears tired and worn-out when other children continue their play. The physician wants to know about the child's growth. Has it been what one might expect for a child of that age? Some children do not actually lose weight, but they fail to gain weight. This may be just as important as loss of weight in an adult.

After this and much more information has been obtained from the child, the nurse, the parents, or other reliable

sources, the examination is begun. The first phase of the examination is that of applying a tuberculin test. This must be done in every case. Any one of the simple tests such as the epidermal (von Pirquet), intradermal (Mantoux), or the needle method recently described by Stewart may be applied. These tests are entirely without harm to the child and if negative, nearly always rule out tuberculosis. There are a few exceptions. If the child has very extensive tuberculosis and is doing poorly, the test may be negative. Again it is said that during and immediately following such acute febrile diseases as scarlet fever, the test may be negative. Therefore, if the test is repeatedly negative and none of these conditions is present, one is safe in saying that tuberculous disease does not exist; the child does not even carry a tuberculous infection in its body. If on the other hand, the tuberculin test is positive, it does not give all the information we might desire; for example, it does not tell us whether the present symptoms are due to tuberculosis. It does not inform just when the infection occurred. We are no wiser as to the location of the infection, nor do we learn from the test anything about the existence of the tuberculous disease at the present time. It only shows that the child has been infected with tubercle bacilli at some previous time.

The next step in the examination should consist in making careful microscopic studies of any discharges suspected of containing tubercle bacilli such as those collected from a discharging ear; a broken down and discharging lymph node near the surface of the body; sputum, if any can be obtained; and if tuberculosis is strongly suspected, a careful microscopic examination of the feces

should always be made; this because children usually swallow the greater part of the sputum from the trachea and bronchi.

The physical examination in children is not as important as it is in adults, so far as the chest is concerned. Yet, for other parts of the body it is fully as important. It is not so important in chest work because, in childhood, tuberculosis usually does not involve the lungs, but it involves the lymph nodes located at the roots of the lungs and these are so remote from the surface that physical examination is of little value. However, it should never be omitted. Failure to make a complete physical examination may lead to failure in arriving at a diagnosis. For example, a mother brought her child to a clinic where the examinations were limited to the head, neck and chest. These parts were carefully examined and no evidence of tuberculosis was found. A few days later it was learned that after leaving the clinic she went to a private physician and explained that for some time the child had complained of pain in the region of one of the hips, and that the physicians at the clinic had failed to find any evidence of disease. In fact they had not examined that region, because the mother had not reported these symptoms. The private physician found a definitely tuberculous hip. This case illustrates the necessity of insisting upon complete physical examinations in every child in whom tuberculosis is suspected.

The X-ray examination is indispensable so far as the chests of children are concerned. No examination can be considered complete without it; and no physician can do safe work with children in the absence of X-ray examinations. Stereoscopic films must be made because single films do not bring out the details which must

be studied. The X-ray films are important because they will often show, at the root of the lungs, definite evidence of disease which could not possibly be obtained in any other manner. Of course the X-ray is also of great value in the diagnosis of tuberculosis of bones and joints in children. In examining children for tuberculosis it must always be borne in mind that in the periods of childhood (from two or three years to ten or eleven years) tuberculosis is primarily a disease of the lymph nodes. This being true, such nodes must be most carefully examined and particularly those along the sides of the neck and at the roots of the lungs. This statement must not lead us to overlook or slight other regions of the body, because tuberculosis does develop elsewhere in childhood, but less frequently.

Second to the lymph nodes, the bones and joints are attacked and these must always be carefully examined if there is any evidence of disease such as pain, limitation of motion, etc. Other parts of the body, such as the lungs, must never be overlooked. It is true that tuberculosis of the lungs is not common in childhood, yet it does exist and sometimes in a most fatal form.

The treatment of tuberculosis in childhood offers more than treatment at any other period of human life. This is the period when tuberculosis can be fought most successfully, not only from the standpoint of the individual but also from the standpoint of the disease in the entire human family. It is tuberculosis at this age against which we should concentrate our greatest efforts. In a few cases, however, the infection seems to be overwhelming and treatment is of little value, but this number is extremely small when compared with such cases seen in infancy and young

adult life. Perhaps the best reason the outlook in tuberculosis of children is so good is that usually it is a disease of the lymph nodes. Since these nodes are a part of man's protective mechanism, often likened to the outposts of an army or to coast guards, they resist the disease better than do other parts of the body. The general treatment, therefore, consists: first, in conserving the child's energy by reducing the play hours and increasing the hours in bed to such an extent as to make available sufficient energy for the fighting forces of the body; second, close medical and nursing supervision must be had in order that the child's general condition is carefully watched as well as the area of disease. By keeping in close touch with the condition, it is possible to regulate energy expenditure with a fair degree of safety. The child who is doing well in every way may be allowed more freedom and less rest than the child who is remaining below par. All of this can best be done in special schools or special classes for tuberculous children for those able to attend school. For others it may be necessary to establish a routine in the home or even in more severe cases send them to hospitals and sanatoria for the tuberculous.

Food must be provided in the proper amounts and here it must be borne in mind that we are dealing with the growing child, therefore a good deal of food may be consumed with safety.

Ventilation may be provided very satisfactorily through the window system where the temperature is kept at about 68 degrees, humidity between 40 and 50 per cent, and the air in circulation. It is not necessary to send children to the woods or to have them sleep in tents in order to get good air. Any well ventilated schoolroom or

home will suffice. Air baths are valuable. In the absence of natural sunlight, exposing the child's entire body to the air for a few minutes each day is helpful.

Heliotherapy, whether by natural sunlight or artificial light from the mercury quartz vapor lamp, helps tremendously. When the natural sunlight is available it should be used unless there is something in an occasional case to contraindicate it. When this cannot be had, the artificial light will suffice. This has a definite tonic effect and should be applied in every case unless there is some contraindication.

Prevention Greater than Cure

AFTER all, it is the prevention of tuberculosis that is important. It is far better to prevent a case than to attempt to treat it once the disease is established. Preventive work is never spectacular; it does not show immediate results. A single nurse may prevent the spread of disease to hundreds of people every year and thus save many lives, much disability, and a great deal of suffering. The surgeon may be called to a home where a patient is suffering severe pain in the right lower quadrant. The patient has appendicitis; he is rushed to a hospital; an operation is performed and the life is saved. This is spectacular work. The physician sees the result, the patient is aware of it, and the public appreciates that a great service has been rendered. But no one knows that the nurse in the community has saved many lives through preventive measures. In preventing tuberculosis in childhood, first in importance is to find the unreported cases which are disseminating the tubercle bacilli. Usually these are among the adults. In the out-patient department of the Lymanhurst School for Tuberculous

Children it has not been uncommon to find tuberculosis in a child and upon investigating for contacts among that child's associates find an unsuspected case, perhaps a father, a mother, or some close friend with a positive sputum. Breaking the contact by teaching known cases of tuberculosis how to protect others from their disease is not easy, yet much can be done to protect little children. Most people will make sacrifices and do many things for little folk which they would not do for adults. It is not enough to provide the definite case of tuberculosis with sputum cup and a book of instructions, even if he has had sanatorium experience; he must be visited frequently and in a tactful manner impressed with the importance of carrying out all the measures known to prevent the spread of his germs to the bodies of little children.

The incidence of tuberculosis in childhood has been greatly decreased since more attention has been given to the food of children, particularly since efforts have been made to prevent contamination and to insure the cooking of foods and especially pasteurizing and boiling milk. It has been demonstrated beyond all doubt that the pasteurization of milk has tremendously reduced the incidence of bone and joint and lymph node tuberculosis among children. But this disease has not vanished. Here is a preventive measure that we must not only keep in effect but must continue to recommend to the people in places where it has not been adopted.

The next step in the prevention of tuberculosis in childhood is to teach the children themselves. This is extremely important. Children are easily impressed and their minds are retentive. They can be taught the importance of washing the hands frequently and keeping from the mouth

objects that may be contaminated. They can be taught to keep their bodies strong and their resistance high by using the right foods, observing the proper hours of rest, etc. It is not enough to take tuberculous children and provide schools for them. It is not enough to provide schools for the undernourished, anemic and other children below par. This is important and should be done every place possible, but we must put into the school system such instruction as all children need. It must be made a part of the curriculum over which they are required to pass examinations, just as surely as in mathematics, language, music, etc. It is a poor educational system that teaches boys and girls a life work and then fails to teach them how to keep efficient and strong in order to be able to carry on that life work.

Summary

IMPORTANT points and procedures leading to diagnosis of tuberculosis in childhood are:

1. Finding questionable cases such as those with exposure.
2. Getting them in for complete examination.
3. Taking very careful history including present symptoms.

4. Applying and interpreting tuberculin test.

5. Microscopic examination of suspected material; feces very important.

6. Careful physical examination.

7. Well made stereoscopic X-ray films of every chest and films of other suspected parts such as bones and joints.

Important factors in the successful treatment of childhood tuberculosis are:

1. Conservation of energy, long nights in bed, rest hours during the day, limitation of physical activities. Strict bed rest for more serious cases.

2. Close medical and nursing supervision.

3. Food of right kind and in right amount for growing child.

4. Window ventilation providing good circulation of air. Temperature of room best at 68 degrees Fahrenheit. Humidity of air best between 40 and 50 per cent.

5. Air baths.

6. Heliotherapy.

Important points in the prevention of tuberculosis in childhood are:

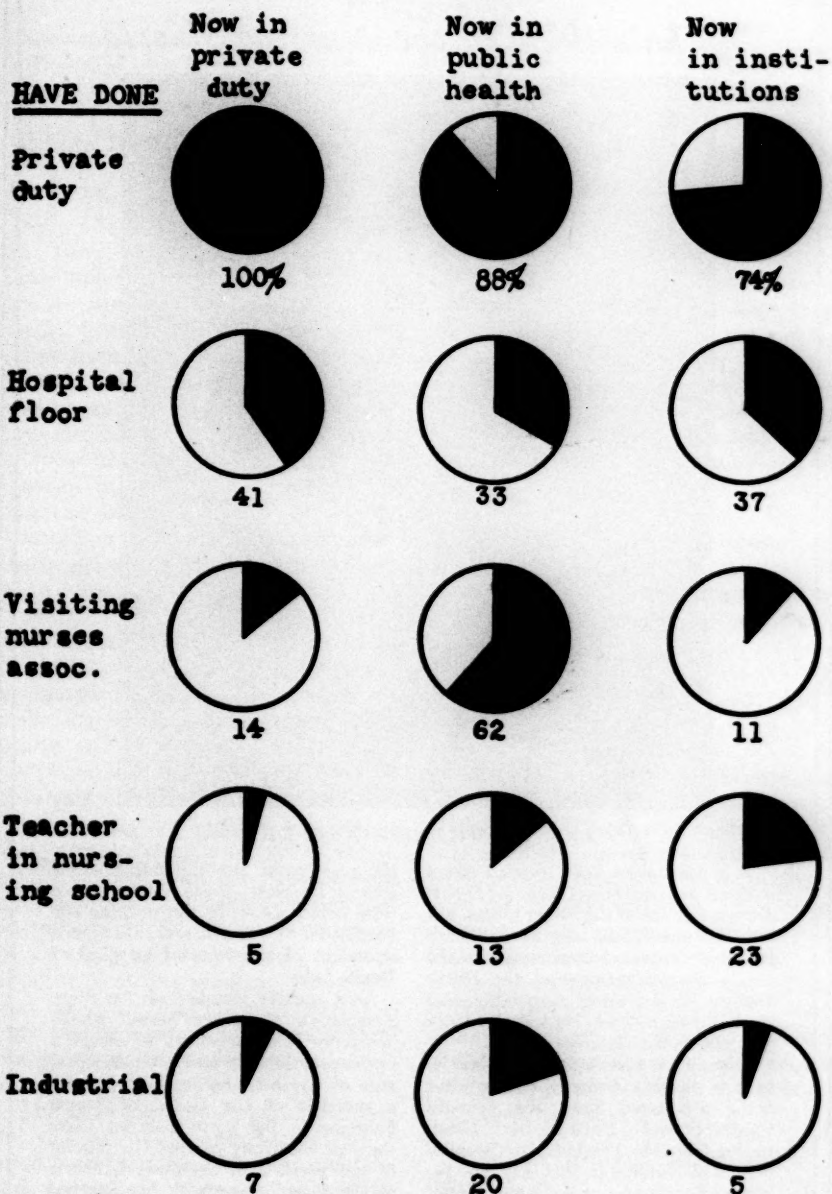
1. Finding unreported cases.
2. Breaking contact between children and definite cases.
3. Preventing contamination of foods.
4. Cooking foods, pasteurizing or boiling milk.
5. Introducing into all schools courses which will give children information they need to keep bodies strong and healthy.

What Nurses Have Done

THE black portion of each circle shows the percentage of nurses in each of the three main groups who at some time since leaving training school have done private duty, visiting nursing, etc.

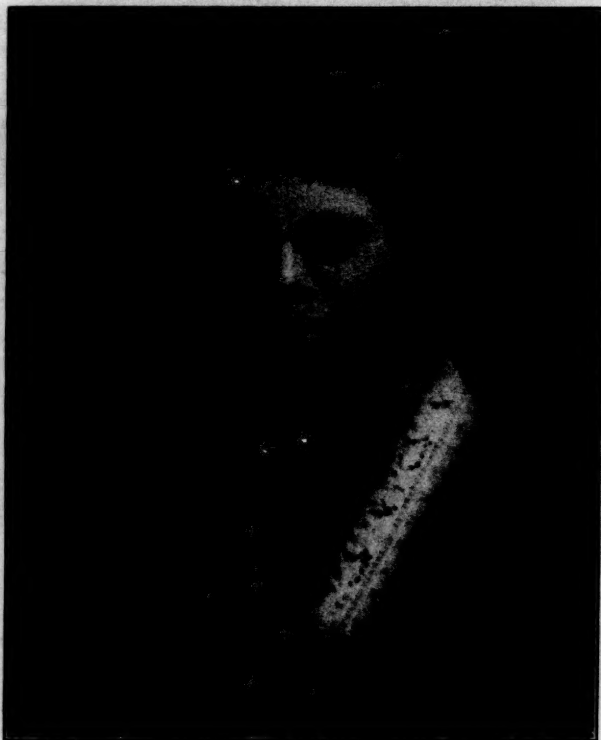
The diagram should be read across. The first line shows that 100 per cent of all nurses now in private duty, 88 per cent of those now in public health,

and 74 per cent of those now holding institutional positions were once private duty nurses. The second line across shows that 41 per cent of the private duty nurses, 33 per cent of the public health, and 37 per cent of the institutional nurses have at some time done hospital floor duty. The remaining three lines should be read in the same manner.



WHAT NURSES HAVE DONE

Who's Who in the Nursing World



LXXVII. MILDRED CLARK, R.N.

It is possible to visit North Dakota without meeting Miss Clark, for Devils Lake is not one of the larger towns, but it is not possible to miss her influence if one is interested in nursing, for she was a charter member of the North Dakota State Nurses' Association and she has been a steady contributor to its plans and activities ever since.

Miss Clark, a native of Pennsylvania, took a teacher training course after being graduated from the Friends' Central School of Philadelphia. Graduating from the Presbyterian Hospital School of Nursing in that city, she became a head nurse at her Alma Mater, but the West called her. She held

the position of Superintendent of St. Luke's Hospital, Boise, Idaho, for a time before going to the position she has filled for many years, that of Superintendent of the General Hospital at Devils Lake.

As a charter member of the State Association, she threw herself wholeheartedly into the effort to secure a nurse practice act and after the passage of the act, she logically became a member of the Board of Nurse Examiners. For more than ten years she has cheerfully carried the burden of the position of Secretary-treasurer of the Board along with her hospital and training school work.

Editorials

To all nurses, everywhere, the editors wish a busy, happy, satisfying Christmas-tide

Private Duty—and Understanding

ON page 1043 may be found a diagram showing how 20,000 nurses have participated in the three major types of nursing. Eighty-eight per cent of the Public health nurses in ten states who returned questionnaires to the Grading Committee had at some time been private duty nurses. Almost three-fourths of the institutional nurses, approximately seventy-four per cent of those replying, had at some time engaged in that specialty. All have had the basic experience of passing through a school of nursing and there acquiring a common core of knowledge.

Many are the interpretations that may be made of the figures shown on page 1043. With so large a foundation of knowledge in common, it would seem logical to expect both public health and institutional nurses to be interested in and sympathetic with the problems of private duty. It would seem equally reasonable to assume that private duty nurses, *en masse*, would concede that the other groups have a substantial basis of experience on which to build understanding. In actual practice, however, there is apparent a strong tendency to assume that the individual nurse understands only the problems and procedures of the group under whose banner she is at the moment enrolled.

The time has come when the internal walls of doubt and distrust, or of mere lack of understanding, must be torn down if the profession as a whole is to move steadily forward. Public health nursing has enormous contributions to make to a wider develop-

ment of hourly nursing. Institutional nurses have far to go in helping to make graduate duty in hospitals, either in group nursing or in general floor duty, thoroughly desirable. Private duty nurses, themselves, some of whom are now waiting discouragingly long periods for cases, must welcome participation in some of these movements. Private duty may not say to oncoming nurses, "Keep out," any more than the individual who is jostled in traffic may say to other pedestrians, "Stay home—you crowd me." The problem is one of reorganization and redistribution. It is a tremendous task. It involves an effort on the part of most nurses to gain new knowledge. It can wisely be approached by each group conceding and recognizing that all the others have a stake in any major professional problem. A third step in behalf of private duty, which is just now suffering from real and uncomfortable growing pains, could come through an honest and active recognition of the moral responsibility of each group, based on that common core of experience and knowledge, to participate vigorously in all professional advances.

No group can safely advance either without or at the expense of any other, for there is no more precious thing in nursing than its professional solidarity, which is rooted in nursing's heritage of idealism.

Mental Nurses, Attention!

THE officers of the Mental Hygiene Section of the American Nurses' Association are actively engaged in a study of the possibilities of

the Section. They are eager to learn how many nurses are engaged in mental nursing in order to build up a membership list. They want to know under what conditions they are working and, most of all, they want to know what these nurses have to say about mental nursing, its present and its future.

Letters will be sent from Headquarters to nurses who are known to be in charge of nursing services or who are teaching in mental hospitals. The assistance of these nurses is essential to the building up of a worthwhile body of information. Every nurse working in the field of mental hygiene, who has not received a letter and a questionnaire, is urged to write at once to A. N. A. Headquarters for copies of each. The letters will explain in some detail the purpose of the Section and the plans carefully formulated by Effie J. Taylor, Chairman, and Anna K. McGibbon, Secretary. The questionnaire should bring in a considerable volume of interesting and important data. On this can be built a program for the biennial at Louisville in June as well as plans for the future sound development of the Section.

Here is a chance to participate in a valuable piece of work and an opportunity for mental nurses everywhere to assist in a study of their own extremely important specialty in the hope of developing, at one and the same time, a pride of fellowship and advancement of the work which each year becomes of greater import to society.

A Hard Working Dollar

"THAT poor little dollar, so many people want it," wrote a humorous nurse in contributing to one of our professional funds. Had she been writing of a dollar spent for a League

calendar she might have had something merry to say about so many people getting it.

First of all, the calendar is worth a dollar as compared with those on sale in the shops. It is well put together. Its numerals are clear; its quotations, grave and gay, cover a wide range of thought and are from interesting sources, so the purchaser does not give a dollar, since she gets a dollar's worth.

There is a profit on its sale, partly because much of the work of collecting quotations was done by volunteers. This profit goes into the treasury of the N. L. N. E. and, as in other years, it is expected to form a substantial part of its budget. Then, too, there is a second way of making a financial profit from the calendar. This is developed by state or local organizations which purchase in lots of fifty or more at a reduced price, but receive a dollar for each calendar sold, thus augmenting their own treasuries.

One of the calendar quotations, from Theodore Roosevelt, reminds us of the League itself. Said that vital and energetic person:

Make stepping stones of your stumbling blocks. It is only through labor and painful effort, by grim energy and resolute courage that we move on to better things.

Loyal League members are everywhere making stepping stones of the stumbling blocks of the difficult problems of finance because of their belief in the substantial program of the League in advancing nursing education.



A CORRECTION.—An error, not ours, occurred in the November *Journal*, page 932, where in the fourth line from the bottom of the second column, the average income of the private duty nurse is given as \$1,400. This should be \$1,300, we regret to say.

Department of Nursing Education

LAURA R. LOGAN, R.N., *Department Editor*

The Education of the Self¹

BY MARION J. FABER, R.N.

IT is said that man is the only animal that does not know how to live. So often man is the author of his own misfortunes and not only of his own, but those of his relatives and fellow men.

We should not reproach a poor fellow being who is the victim of heredity, or a badly directed education, or the harmful influences which acted upon him in that plastic age of childhood. Was it not a Catholic prelate who said, Give me a child in the first ten years of its life and I can make what you will of the child, or words to that effect?

John B. Watson, the behaviorist-psychologist, calls a newborn baby a squirming mass of instincts and uncoordinated impulses which can be molded into almost any kind of individual. I grant you that this view is somewhat extreme and needs further observation and study. The great drawback in experimentation upon human beings is that it is both morally wrong and socially undesirable to perform any experiment which would hinder the best development of an individual in any wise. Accordingly such experimentation as would be necessary to prove Watson's theory is impossible. The impossibility of such a method, *per se*, prevents the formulation of the correlations and comparisons necessary to prove this point.

Whether environment or heredity is the more important factor in human development is still an open question, although the weight of evidence seems to incline toward environment. When bad heredity and untoward constitutional influences do predominate, as they do in feeble-mindedness, or hereditary syphilis, we say that the debility is due to disease or is physical, since its manifestations are bodily malformations, and intellectual defects which cause moral defects to be anticipated. We should pity such for we are nearer to them than we imagine. We who are proud of our mental stability should remember that no man is a hero to his physician or to his servant. Everyone has some hereditary defect which influences his personality in a subtle way. Personality might be defined as those characteristics of the self which make or mar our efficiency in dealing with others. For example, a person may be lacking in self-confidence because of unlovely features or an ungainly body. All of us have defects about which we are sensitive. But is it not the duty of self-education to bring to ourselves compensations, instead of complexes and conflicts, for these hereditary defects, so that we may take the place in the world which our social and mental endowment rightfully accords us?

We all understand what a compensated or decompensated heart is. Can we not also have a compensated personality, one which has learned to

¹ Read at the annual meetings of the Missouri State Nurses' Association, and State League of Nursing Education, October, 1927.

adapt itself to its environment in such a way that its reactions are at least normal or, better still, so that its reactions are such that we will be beloved by our fellow men? Will not such a nurse be a truly good citizen?

In a museum in Paris, Dumas the Younger has left an autograph which says, "How is it that while children are so intelligent, men are so stupid?" and the witty writer adds, "It must be because of education." It must indeed be bad educational influence or why should a sound healthy child develop into a bad citizen? It is the effect of environment which causes deformation of personality. This deformation may be attributed to evil intellectual and moral contagion, acting upon those who are already predisposed to moral disease by heredity and bad environment.

Logical reflection, so necessary to sane thinking, might be compared with a game in which one adds certain elements to those already correctly set by heredity or very early environment. Yet how often we find minds warped, even in those individuals who are very proud of their intelligence! This fact is observable in all grades of society and perhaps most of all among those individuals who belong to what are called the governing classes, the so-called good citizens. Judgment is one of the most needed of all aspects of mental activity. We show keen judgment in protecting our material interests or in acquiring wealth, but how poor is our judgment, frequently, in moral issues! To illustrate the point which I am about to make, let me tell the following story:

Three little schoolboys were walking in the woods one day and came to a pond in the middle of which was a small island: "I'll bet you can't jump that ditch to the island," said one of them with a mischievous grin. "I'll bet I can," said I. They both egged me on

with an eagerness which I should have suspected. Sure of succeeding, I landed triumphantly on the island. But to my dismay and to my companions' great delight, I found that the island was too small to get the running start necessary to jump the ditch again and I had to wade back to the shore through the mud and water.

We often make a mighty effort to attain something which our misplaced pride or lack of honesty with self, motivates us to attempt. We make a running jump for a location, perhaps a social or executive position, and when we arrive we find that we have only reached a narrow place which hedges us in and handicaps us so that we cannot get a running jump for anything higher or better.

As good citizens, then, we should be sure our aim is for the truly lasting, the truly beautiful attainment, not one which will bring us only transient glory and prestige. In other words, our judgment should cause us to see that our great and lofty purpose in life should be to serve our fellow men, since no true and lasting benefit can come to the self unless our accomplishment in life is such that others are benefited. When we do go astray in our judgments, when we do suffer by our own fault, we are wont to accuse circumstances, our unlucky star, or reproach others with having destroyed our happiness. I ask you, is this being a good citizen or being "a good sport" or "playing the game," whatever you may wish to term it? Lack of judgment in humankind, however, is somewhat compensated by the fact that it is as practicable to lead human beings back into the right path as to lead them into wrong ways of doing and thinking. We, as good citizens, can especially help the physically or mentally sick individual who is more or less isolated with those who are caring for him.

But we must not forget that in order

to be a good citizen we must first educate the self. Sympathy is the key which unlocks many a gateway to the soul-kingdom of those who are in trouble or in despair, either physically or mentally, concerning the solution of life's problems. If we can cause the individual to think and reason, we can cause him to lose his mental or physical despair. But first of all we, as good citizens, must make our conduct and our logic agree. Orthopedia means literally the straightening of the child, and moral orthopedia may thus well be applied to the adult self. The practice of moral orthopedia upon the self, as well as upon others by example and precept, is the duty of every good citizen. It is peculiarly the duty of the nurse, since our profession has become keenly interested in the preventive as well as the curative side of health, and moral orthopedia applied to the mind might prevent many mental catastrophes.

We can look upon the mind as a garden and upon ourselves as the gardeners. The ground is the gift of heredity. The weeds are the elements of bad environment or bad education. Of course, heredity does not make all her gifts equally valuable, but we, as gardeners, can get an extra good brand of educational seeds, sow them carefully, and cultivate them according to the best of modern methods. This means that we will have to be on our mettle, that we will have to read and read widely to know what these methods are. The plucking out of the weeds might represent the curative side and the cultivation of the seeds might represent the preventive side of nursing which is, in its widest application, a high type of good citizenship. To quote Paul Du Bois:

"To be physically, intellectually or morally well-conditioned is the sole aim of every human creature—and whatsoever may be the

mentality, conduct, opinions or aspirations of the individual, at the bottom of his soul is found the desire for happiness."

Life has only one aim, to be lived, and to live well is an art. Not the immediate satisfaction of our thoughtless desires, and not mere intellectual or material pleasure can bring lasting happiness, since individual happiness is to a large degree a matter of temperament. Happiness must be enduring to be real, not merely partial, dependent and fleeting. A good citizen must build on a firm foundation if he would be happy or make others happy. Happiness to be real must come from within.

Too many people are in despair over the smallest failure, but there are souls who bravely endure disease and misfortune and yet their inward happiness remains untouched. They are not stoics and yet they are happy and therefore the finest type of good citizen. Religion gives to many this inward contentment because of the ineffable rewards which the future life promises. But do we not, as good citizens, want to help ourselves and our fellow men here and now? Therefore to be a good citizen in this present world, it is right and good that we should satisfy our desires for prosperity, but that we should at the same time improve the lot of humanity. We do not believe, as the ascetic does, that comforts are evil in themselves, or that to mortify the flesh is to glorify the soul. Neither will keeping humanity in a condition of mediocrity contribute to its true happiness. Therefore, as good citizens, let us work and strive not to be mediocre citizens but aristocrats in learning and morality, the only true aristocracy that exists. Happiness must come to us in the seeking of the True, the Beautiful and the Good. We can never actually attain any of these, but we can

travel continually longer or shorter distances in their direction.

Man creates his own unhappiness, but man also creates his happiness. Therefore, there is no possibility of happiness apart from the ethical development of the self. The same virtues which, according to religious doctrines, will bring happiness in the life hereafter will bring happiness here and now. The nurse as a good citizen can aid in spreading these ethical principles not only among the younger members of her profession but also by the precept and the example of her life among all with whom she comes in contact.

The teaching of ethics is not a problem of nurse education alone, as we are sometimes wont to think. The teaching of ethics is a problem of all education, since it is the education of the self. The "how" to teach it may be a problem. To quote John Drinkwater, "Knowledge we have, but Lord, the deed, the deed!" But if we remember that we learn things best by doing them, that it is the inspiration to do the fine thing, the noble thing, rather than the rule for doing the thing, that we need; then as good citizens let us be that inspiration, and the teaching of ethics can be struck entirely from the list of our problems. Why should we feel the need of a special code of nursing ethics? Ethics is right living and doing, no matter what the profession or walk in life. Indeed, much of that which we call the "Ethics of Nursing" is but a code of etiquette and not in itself any more ethical or non-ethical than table manners or court etiquette. Only as we evaluate these codes and find in their observation something upbuilding, strengthening to society or self, can they be said to be ethical.

Let the nurses who make up the personnel of the staff be good citizens in the true sense of the word—a group of well-educated selves, with the highest aspirations. Let me quote from Longfellow's poem "The Psalm of Life" the following beautiful lines which so aptly illustrate this philosophy of ethics, and which should be a true inspiration for the giving of the best that is in each of ourselves.

"Not enjoyment, and not sorrow,
Is our destined end or way;
But to act, that each tomorrow
Find us farther than to-day

"Act,—act in the living Present!
Heart within, and God o'erhead!

"Lives of great men all remind us
We can make our lives sublime,
And, departing, leave behind us
Footprints on the sands of time;

"Let us, then, be up and doing,
With a heart for any fate;
Still achieving, still pursuing,
Learn to labor and to wait."

Let me end this short discourse on the education of the self by quoting "A Gradely Prayer" found on the walls of a country inn in Lancashire. (*Literary Digest*.)

"Give us, Lord, a bit o' sun,
A bit o' work and a bit o' fun;
Give us aw in th' struggle and splutter
Eaur daily bread and a bit o' butter;
Give us health, eaur keep to make
An' a bit to spare for poor folks' sake:—
Give us sense, for we're some of us duffers,
An' a heart to feel for aw that suffers,
Give us, too, a bit of a song,
An' a Tale, and a book to help us along;
An' give us our share o' sorrow's lesson
That we may prove heaw grief's a bleasin'
Give us, Lord, a chance to be
Eaur gradely best, brave, wise and free,
Eaur gradely best for eaurselfs and others.
Till aw men larn to live as brothers."

Stimulating Scholarship¹

BY GRACE G. GREY, R.N.

PSYCHOLOGICALLY, people are roughly divided into two main groups with many variations between. The first group of persons are referred to as thing-thinkers and are those we term practical minded. The extreme types in this group are not scholars in any sense of the word. They enjoy working with their hands or, if they do not enjoy it, they are forced to do so because of their inability to work with their minds. This type is of a very low intelligent quotient and fills the ranks of the factories, gang sections, mines and other pursuits where little or no intelligence is required to carry out the orders of the boss. Higher in the scale, we have those who are engaged in the various trades and commercial pursuits.

The second group of individuals is classified as the idea-thinkers. This type enjoys research and study and has a much higher intelligent quotient than the thing-thinker. Writers, sculptors, artists, scientists and people engaged in professional pursuits comprise the idea-thinkers. The extreme types of this group are often termed dreamers, visionaries, radicals and extremists.

People, of course, very seldom fall into one group or the other, but are usually a mixture of the two types, tending more or less to one side. Both groups are very essential to our civilization, because without the thing-thinkers there would be no one to carry out the ideas of the ideationists.

In schools of nursing, probably more

than in any other profession, we tend to have a large number of persons inclining toward the thing-thinker type. The idea-thinkers are more often attracted to professions where a higher educational standard is maintained and, therefore, we have fewer individuals capable of creative thinking in our nursing schools. As in all professions, the majority of our people are followers, not leaders. They are capable of very good work if some one plans it for them and tells them just exactly what to do. These workers are very important in the nursing field, but they are not a great help when it comes to a constructive program for bettering our profession and raising our standard of nursing. It is also always very difficult to get the thing-thinker type of person vitally interested in the various studies and a low or mediocre theoretical standard is maintained by them.

It is an erroneous idea, and yet a very prevalent one, that the scholar is not as a rule as good in practical work as the student of less intelligence, but it has been proven that although a typical thing-thinker cannot develop a talent for scholarship, idea-thinkers, as a rule, can become very effective practical workers, and although the studious pupil may not always be as deft with her hands, she makes it up in the intelligent care of her patients. We have for so long stressed the smooth bed and accurate corners, the order of our wards, in preference to the individual care of and attention to our patients, that hospitals have the reputation of being cold and scientific, places to be shunned if possible. Most patients would rather have a wrinkle

¹ Read at the annual convention of the Missouri State Nurses' Association, October, 1926.

in their spreads but know that their small wants and personal whims are looked after, than to have a nurse who is a stickler on order but forgets his little personal wants and interests. Pillsbury states:

The results of different tests all agree in indicating that excellence in any desirable trait is closely correlated with excellence in all other desirable traits. On the whole, the man with the better intelligence is always the better tempered and has the better qualities for leadership and persistence. Ability is not specialized, ability in one field is closely related to ability in another. A man who stands high in his university class has a much greater chance of obtaining eminence than the man of average rank. A man who has been elected to the honorary society of Phi Beta Kappa, election given to the men among the upper fifth of the class at graduation, is four or five times as likely to appear in "Who's Who" as are his classmates of lower standing. Studies of the salaries of graduates of an engineering school, some years after graduation, showed that there was a close correlation between salaries received and standing while in college.

Schools of nursing should be well balanced, having both types of individuals. The typical thing-thinkers would probably be the attendants, orderlies, and people doing the actual practical work, while those having a certain amount of ideas would make up the nursing personnel and at the top we would have the idea-thinking type of individuals who would plan and organize the work of the hospital.

In order to have these leaders, we must see that our educational program is such that such people are attracted, as well as the practical minded. It is a common notion among the laity and even among doctors, that nursing is essentially a practical profession and that it is not necessary to have a high degree of intelligence in order to be a nurse, nor to have a good preliminary education. Thorndike, in "Principles of Teaching," states:

The teacher must be something more than the carpenter who follows without reflection

the architect's plan or the nurse who merely administers the physician's prescriptions.

This idea is probably the cause of our large proportion of poor students who come into the school of nursing thinking that they can easily train for a nurse without very much study. They are usually the students who got through high school with a very low average and those who have never enjoyed intellectual pursuits, therefore nursing appeals to them as being something which they can do with their muscles and not with their minds. This is a fallacy, of course, as we in the nursing profession realize that as high a degree of intelligence is required to do constructive nursing work as in any other profession. A nurse must meet all types of people and must possess tact, patience, sympathy, insight and all the other virtues which only a most highly intelligent and educated woman would naturally have. It thus behooves us to find some means of stimulating the intellectual type of individual to enter our schools of nursing.

The first requisite is good material. As has been pointed out, no one can make a scholar of the person lacking in brain cells and of low intellectual quotient. We cannot hope to make leaders of followers. We must first have the embryo leaders with which to work. Schools of nursing are also fast becoming aware of the fact that three short years of training cannot give to the student subject matter which should have been obtained in high school, nor can it make up for a lack of home training and discipline. The better schools throughout the country are raising their entrance requirements. The majority of so-called good schools now require a full high school education for admission. Even this does not entirely exclude much poor material, for many students

are graduated from high schools and even colleges without the beginning of an education. Education is not made up of a number of hours of lecture work and book study but includes the environment, the home training and even hereditary traits as well as the number of years of schooling. Professor John Dewey defines education as

the process of re-making experience, by giving the individual better control of his powers. It is the process of conforming the individual to a given social standard or type in such a manner that his inherent capacities are developed, his greatest usefulness and happiness are obtained, and at the same time the highest welfare of society is conserved.

However, in line with all other institutions of higher learning, our judgment of a student is based primarily on the number of years of schooling a pupil has had and the grades she has made, as it is very hard to get an estimate of home training and other essentials. We, therefore, are required to weed out a goodly number of our students even though all have their high school diplomas.

After having, as far as possible, selected the right material, it is our problem to stimulate these individuals to a desire for scholarship. This is one of our greatest problems for most of our students are rather immature and are more fond of having a good time than of study. Several things are necessary in order to create an active interest in classwork. First of all we must have a well planned schedule of studies, each day having a definite number of hours of classwork and no day being so overcrowded that some time cannot be had for the necessary relaxation and social life. No student should spend more than five or six hours in lecture and classwork.

We all know that students come to

us woefully lacking in the ability to utilize their time, and several hours should be set aside each day for supervised study. Supervised study is as essential as the classwork itself, for even though the student should feel adverse to study, she is under supervision and therefore must spend her time somewhat advantageously, at least. This will ultimately result in her forming correct study habits.

The majority of our students do not know how to prepare a correct outline nor do they have the ability to select the essentials from assigned lessons. The nurse instructor should have had enough psychology to know how to supervise her students' studies and to teach them proper methods of outlining and taking notes. Notes should not be taken in pencil nor on scraps of paper. Students should be required from the beginning to have fountain pens and large loose-leaf notebooks and to take notes as the work is given to them in the class periods. They may have to rewrite this material the first few times, but in a short time with instruction and supervision, they will learn to pick out the essentials, and arrange the material in outline form as the lecture or class progresses, without rewriting. Note-taking is one of the most valuable ways of getting the substance from class work and also of training students to be alert and observing. One cannot be dreaming if she is taking good notes. She must attend to what is being given and if taught carefully to put down only the essentials, she will get the substance of the lecture as well as absorb it as it is given. Notebooks should be handed in at least once each week and should be carefully gone over by the instructor, checked up, and the student helped as to arrangement of material.

A fourth means of stimulating scholarship is the recitation form of

classwork. If students realize that they are held responsible each day for the assigned material and that they will be graded on their answers, they are going to be more careful to prepare the work given. Weekly or bi-weekly false and true tests or completion tests have been found to be most stimulating. These tests will not take more than ten to twenty minutes of the hour. It is also a good plan to allow the students to correct each others' papers after the test, as it checks up their own knowledge of the subject. These tests should count merely as daily work and should go into the final grade as such. Written tests should also be given every two or three weeks over the subject matter, as the students learn to express themselves and to think things through if they have to write it out in detail.

Scholarship should be held very high in every school and students making a good record should have some sort of recognition. It would probably be well to have an honor group composed of all students whose average is 90 per cent or over. Competition is a necessary adjunct of all schools. Students in the honor group might be given preference over the other students and specialization in pediatrics, surgery, obstetrics, psychiatry, public health, hospital administration or teaching, be allowed them.

Many schools attempt to stimulate a high standard by means of prizes and scholarships. This has never seemed exactly fair, as usually only one student benefits by the prize and ranking first may be merely the result of a difference in grading by the various teachers. It would seem a much better method and one that would stimulate interest in scholarship to a greater degree, if a larger number of persons were allowed to benefit by

this money which could be used to give the special courses referred to above. These courses, if not given in the home school, could be arranged for in some of the best hospitals in the country. For instance, those interested in psychiatry could have a three months' course at Phipps Psychiatric Clinic at Johns Hopkins; those interested in maternity work could have a course at De Lee's, or one of the other outstanding maternity hospitals; those interested in public health could be sent to Henry Street in New York and those interested in teaching might have a year at Teachers College, Columbia University.

Many things enter into the standing of a student, especially in a school of nursing, and often the nurse with a small amount of initiative and leadership is the student who is given the advantage, while some other, probably a much finer character and one who will mean much more to her profession, is counted out. We are too apt to judge our students superficially and extol the student giving us the least trouble or thought. We should always be on the lookout for leaders, for people with ideas, initiative, push and energy and this does not always go with an unassertive personality. Instead of suppressing these characteristics, we should attempt to turn them into useful paths and help these students to develop in the right way.

Out of the large number of scholarship and prize students which have been followed up, a safe statement, I am sure, would be to say that not more than 10 per cent have done anything outstanding for their profession. Often they must be coerced to make use of the scholarship. Some have refused it entirely, thus showing that there is not always an interest in higher education, even though the student ranks high intellectually and interest is

nine-tenths of the law of success. On the other hand, we might take the leaders of our profession and find that most of them were not scholarship students or students receiving prizes, that along with an average intelligent quotient there was also an enduring interest and zeal, initiative, perseverance and stick-to-it-ive-ness.

Please understand that I do not wish to contradict my former statements concerning the need of a high intelligent quotient. I merely wish to point out the fact that other things must be equal in order to call an individual a really intelligent and useful person. Home training, environment, heredity and natural tendencies come into play and should be considered, when selection is being made.

In order to attract a more intellectual group of students and those having had good home training and discipline, we must employ better educational methods and must be less prejudiced in our outlook. We will not be given the place that we desire in the professional world until we recognize pedagogical laws. What other professional school employs apprenticeship methods in its teaching? As we all know, all schools went through this period of growth, but it was found very wasteful and although it had many good points, the good points were overbalanced by the impractical ones. Nursing is still in the apprenticeship stage and we are attempting to tie up this apprenticeship system with a solid educational program and we are finding that it is impossible to do so. Students cannot spend eight to twelve hours on the wards and do any appreciable amount of class-work. However, our curriculums are so crowded that this is necessary. Therefore, the only thing we can do is to give our students a superficial

smattering of scientific subjects and call it an education. Any one of us who is unbiased realizes that our educational system is anything but ideal and ignores all pedagogical laws. Leaders of various educational institutions deride our methods. They call us impractical and superficial and they are right. "A little knowledge is a dangerous thing"; many of our nurses have little knowledge and many of them are not wise enough to know their limitations.

Before we can really boast of having true nursing schools, we must get together, revise our methods entirely, and conform to the plans used in other educational institutions. Horace Mann says:

If there are momentous questions, which with present lights we cannot demonstrate and determine, let us rear up stronger and purer and more impartial minds for the solemn arbitrament.

All professions require a sound, basic, scientific education as a prerequisite for practical work. What medical student would be allowed to go on the wards and treat patients without first having had his pre-medical work and his first years of medical training? Yet we expect this of the student nurse. We might also refer to the profession of civil engineering. These schools have a certain amount of practical work, but their students are firmly grounded in the principles of physics, chemistry, geometry and other related subjects, as well as cultural ones, before they go into the practical field. Does it not then seem very foolish that we attempt to conduct our schools on an entirely different basis and expect that we shall have the coöperation of other educational institutions? Should we not work out central schools of nursing and send our students to these schools for their basic work? Certainly a

nurse should have a two year pre-nursing education, then she could be sent to the hospitals for her laboratory work and learn to do her procedures and carry out the technic of the hospital in an intelligent manner because she would have had a sound educational background to start with.

We talk much of correlation. This is very important, but can one correlate a subject with practical things until one has pretty well learned that subject? Does it not seem foolish to think that we can teach one hour of physiology and expect the student to follow this class by observation on the wards? First of all, this one hour must be followed by other hours of physiology for the student must have a grasp of the whole subject before she is capable of applying her knowledge to every-day affairs. It seems reasonable that every nurse should have a good grounding in physiology, anatomy, chemistry, physics, bacteriology, hygiene and nutrition before she even enters the school of nursing. She should also have a knowledge of history, not only history

of nursing, but ancient, medieval and modern history, in order that she may the better appreciate and understand the evolution and problems of her profession. It, too, has been influenced by the same political, economic and social upheavals that have affected society in general. She should have a thorough grounding in English and composition, modern languages, sociology, psychology and kindred cultural subjects. Instead of shortening our courses as is being done in so many states, we should add to our course, but in adding, include subjects which will give our students a certain polish which is most essential and will also develop their sense of judgment and perception.

Scholarship would then mean not only making a certain percentage, but the developing of latent capacities and powers. For in the last analysis, as Thorndyke says, the real test of education is the power of self-direction, the power of directing others, power of administration, and the ability to assume positions of responsibility.

The Library and the School of Nursing¹

BY MABEL CARROLL MCCracken, R.N.

EDUCATION has routed ignorance and superstition. A knowledge of medicine and surgery, preventive medicine, antiseptics, hygiene and psychology has banished disease or halted its progress. The advance of education necessitated the establishment of many other schools of nursing, the employment of many teachers, the use of well written

authoritative textbooks and the building of complete libraries to which the nurse can confidently turn for any information that, because of the limitation of the curriculum, cannot be included in her textbooks.

Books to be of value must be easily accessible and they must tempt the student nurse. The room assigned for library use should be constructed with the greatest of care as to light, ventilation and coloring. It should be located in a quiet part of the

¹ Read before the Indiana League of Nursing Education, Vincennes, Indiana, January 19, 1927.

building and should be large enough to allow for the growth of the school. Its tables, chairs and bookcases should be selected from the standpoint of comfort, endurance and pleasing appearance. With respect to bookcases, if not built in the wall, the sectional type, not too high, is the most desirable.

In many schools which possess the nucleus of a good library, the books are kept in the superintendent's office or room. One of the best nurses' libraries known to me is kept locked and the would-be reader must make formal application for the key. One can think of no other arrangement which would so surely ensure their not being read.

Our nursing school libraries are occasionally fortunate in rare possessions, but for the most part the need for acquiring books is immediate, not in the future. The richness with which a library fulfills its purpose is primarily dependent upon the care given to the selection of books. Perhaps Oliver Wendell Holmes best divined this effect when he said:

The first thing, naturally, when one enters a scholar's library or study, is to look at his books. One gets a notion very speedily of his tastes and his pursuits by a glance around his library.

There is no doubt that visitors receive very strong and definite impressions of the character of a nursing school by the extent and selection of its library. Discrimination, therefore, should be used in the selection of authors and subjects; care should be taken that the books cover their subjects thoroughly and completely.

For the school that cannot afford a complete library, arrangements can be made with the public library whereby the school is supplied with reference and other books. This plan is followed very satisfactorily at St. Mary's in Evansville. We had long felt the

need for a school library, but due to limited funds the project was put off. After much fruitless discussion with the staff, we decided to apply to the public library for coöperation. Much to our surprise Miss McCullough, the librarian, was delighted to have the opportunity to work out this new project. First we found we had to have something definite to work from, so the librarian was given a schedule of our classwork. She classified the subject matter and selected reference books that would be of use. Messenger service was furnished and we became a full fledged member of the extension department. The librarian visited the hospital on Monday and Friday, counted the circulation and checked up on the books. This method worked very well, but soon we found some books were being sent that did not deal as thoroughly with the subject as we expected. This problem was overcome by listing the books that were of value as reference, and using suggestions from a compiled list recommended by the National League of Nursing Education. Many of these were new books and not in the public library, but Miss McCullough was generous enough to buy a good number of them for us. Besides the reference books, we are supplied with fiction, selections on travel, and subjects akin to nursing. Some of the students appreciate and take advantage of this opportunity, while others do not seem to realize its value. This, it seems to me, is our greatest problem just now.

In the *Trained Nurse and Hospital Review*, Minnie Genevieve Norse, writing on "The Nurse and The Library," says:

One of the community's greatest assets in the promotion of its educational work is a good public library. And one of the greatest inducements for the professional people to settle

in a place is the fact that it has a good public library. From both these points of view the public library should mean a great deal to the trained nurse. But does it? How many nurses in a community, graduate and undergraduate, get what they might from their library privileges?

Student nurses should be led to realize that a knowledge of good books and current events aids one's value as a nurse, fits one for better positions with higher salaries, but aside from its strictly utilitarian side, such knowledge gives one greater resources within herself and affords help over many a stile and lightens many a dark place in her pathway.

Professor Kilpatrick, in an old Teachers College Report says:

No nurse is merely a means of health to the patient, still less to the success of the physician. She is that and distinctly so, else she performs no service, but she is more than that, she is a person with hopes and aspirations, with lines of life stretching out before her, while she serves she also finds expression, and growth. . . . The school must realize that neither nursing nor preparation for nursing, nor both together can make the whole of life.

I know of no statements which could be more profitably studied and pondered over by all those who have to do with the teaching of nurses.

The amount of printed trash avidly consumed every year in the United

States is appalling and undoubtedly nurses do their share. The same amount of time spent on good literature and world hap-

penings would have an enormous influence on the thought and the life of the people. A little guidance, a little pains, a little thought spent on the reading of each school of nursing would be productive of great good to our profession.

Briefly summarizing, the library should serve two very definite purposes to the school of nursing:

1. It should provide an adequate supply of reference books, both for the teacher and for the student.
2. It should serve, with our broader conception of education, as a well of intellectual growth. It should instil into the nurse the lifelong and extremely valuable habit of wide reading.



The League Calendar

THIS intriguing little illustration is one of the four in the 1928 Calendar which is going "like hot cakes" although the sale has only just begun.

In North Carolina, where a state league was formed this year, the sale is going over with special enthusiasm.

In New York it is only just launched but, since one school of nursing sets the pace by an initial purchase of 400, the prospects for a banner sale are bright.

California has a splendid committee actively at work.

In Massachusetts, Illinois and Pennsylvania, the sales have just begun with relatively large orders.

Other states will swiftly fall in line. (This is written in the second week of November!) The returns are already so excellent that in the National office hopes are high for a record sale.



Department of Red Cross Nursing

CLARA D. NOYES, R.N., *Department Editor*

Director, Nursing Service, American Red Cross

To all Red Cross nurses wherever they may be, both at home and abroad, in active work either with the Red Cross or independently, or as members on our inactive list, best wishes for a Happy Christmas.

Red Cross Annual Convention

THE Seventh Annual Convention was called to order on the morning of October 3, and lasted through the 6th; it was generally regarded as one of the most successful which had ever been held. Among the 505 accredited adult delegates from the chapters were many Red Cross nurses, a large majority of whom registered in the office of the National Director.

A new innovation was the appointment of Junior school delegates, from each state, including a student from one of the Indian schools in Oklahoma. Many persons who were not delegates, but interested in Red Cross work, were also present. Washington was never lovelier, the weather was fine and clear, and the program included many notable speakers; for example, President Coolidge, who is also President of the Red Cross, on the opening night, Secretary Hoover, Julia C. Lathrop, former Chief of the Children's Bureau, and Dr. George E. Vincent, President of the Rockefeller Foundation.

Among the resolutions which were adopted was the endorsement of the action of the Central Committee, fixing 5,000,000 members as the goal of the Eleventh Roll Call; another, suggesting Regional Conferences during September and October; while Junior Red Cross participation in the Con-

vention was also the subject of still another resolution. One which concerned the Mississippi Valley Flood, because of the large number of nurses and others who were engaged therein, is given in full:

Resolved, To express its recognition and appreciation of the services of all these agencies, both governmental and private, and of all individuals, particularly to the Hon. Herbert Hoover who, appointed by the President as Chairman of a special Cabinet Committee, and as a member of the Central Committee of the American Red Cross, rendered such conspicuous service and who was so largely instrumental in rallying universal support to the standard of the Red Cross.

Perhaps one of the most significant was that which dealt with the Red Cross and its relation to disasters, which reads as follows:

Conscious of the fact that the past year's activity in disaster relief has demonstrated more clearly than ever before the confidence of the American people and of their Government in the American Red Cross as their agency for service in time of great emergency, the delegates of the Chapters at this Convention, jointly with the staff of the National Headquarters, take humble satisfaction in this manifestation of the great trust imposed upon them, and pledge themselves and their co-workers to an ever improving performance of their duties as defined by the Congressional Charter.

Many have felt that the Annual Meeting and the Convention should be held coincidentally, thus doing away with the necessity of two separate meetings and all their implications. A proposal to this effect was made last year by the chapter delegates. This year it was resolved that with the incomplete information at the disposal of the Central Committee it would be unwise to make a final recommendation, and the Central Committee was

requested to study the question by the appointment of a special committee taking into consideration advantages and disadvantages of a plan of coincident sessions. The Central Committee was also left free to fix the date for the next and succeeding Annual Convention as the result of such a study.

The presence of forty-eight high school Junior delegates added greatly to the interest and life of the Convention. It was a real joy to see them preside at their meetings, frame resolutions and give their experiences concerning Junior Red Cross activities in the schools. Incidentally, there are 600,000 high school Junior Red Cross members throughout the United States. There are also many others in the elementary schools. The Red Cross being quasi-governmental in its status, with certain very definite responsibilities laid upon it by Congress, may look for guidance in the future to these very Juniors who are now training in Red Cross service. Through the Junior Red Cross international correspondence a better understanding of international relationships, with a broadening of international sympathy is also developing.

Mr. Fieser's review of the Domestic Operations of the American Red Cross can be found in the November first issue of the *Red Cross Courier*. It gives a very clear picture of the progressive development and achievements of the organization. Round tables dealt with the various services, while several general sessions were devoted to consideration of disaster work, financial policies, work with ex-service men, etc.

The Convention ended with a very beautiful pageant called "The Vision Splendid" which was given by more than one hundred Junior members and others in the Eastern High School

Auditorium. This gave a wonderful picture of the completeness and oneness of the Red Cross, the dependence of one service upon another, all working together in the service of mankind.

Attendance at State Meetings

THE National Director of Nursing Service has had the privilege of attending meetings of state nurses' associations in Wisconsin, Iowa, Minnesota, Nebraska and Pennsylvania, during the past few weeks. These meetings were of great interest because of the opportunity offered for seeing some of these particular state associations in action, a privilege that had not been hers since she was President of the American Nurses' Association. The opportunity to present the Red Cross Nursing Service, as well as the general Red Cross program and the coming Roll Call for 5,000,000 members to such large groups of nurses was greatly appreciated. For example, a large meeting at the Westminster Church, Minneapolis, where twenty-four Red Cross nurses in the well known uniform of the Red Cross Nurse acting as ushers, helped make the occasion colorful and spirited. Meetings of the Local Committee in Chicago, the State and Local Committees in Milwaukee, Minneapolis, St. Paul, Fort Dodge and Lincoln, Neb., as well as the Committee in Rochester, Minn., were held. Some of these conferences were held around the breakfast table, others at luncheon, at some of which chapter representatives were present. Without exception all of the Committees are well organized, which speaks well for the work of Mrs. Vaughan, Assistant National Director of Nursing, Midwestern Branch Office, St. Louis, and consist of members who are not only interested in the Red Cross Nursing Service, but in the Red Cross as a whole.

The relationship between the chapters and committees seems to be an exceedingly cordial one. In several instances the Chairman of the Local Committee was serving upon the Executive Committee of the Chapter and was actively participating in the chapter activities. Perhaps no occasions were of greater interest to the National Director than the large student groups to which she had an opportunity to speak. In Minneapolis, 750 students were brought together at the University of Minnesota, at an evening meeting, at which Dr. Richard Olding Beard, a tried friend of the nursing profession, presided. Mary M. Roberts also spoke on the work of the Grading Committee. Another large group of students and graduates was brought together at Rochester, Minn., in the magnificent new theater which has been built in connection with the School of Nursing at St. Mary's Hospital.

As the state meetings are reported in a special section of the *Journal*, no attempt will be made to speak of the programs in detail. Excellent programs, however, reflecting the several specialties in nursing with allied subjects were presented. An ex-service nurses' dinner the night of October 20, at Fort Dodge, provided an innovation, at which a comparatively large number of nurses were in attendance, and offered a real opportunity for the exchange of war reminiscences.

The state meeting in Lincoln, Nebraska, was particularly interesting, although it was only possible to be present for the first day and evening of the Convention, which included a luncheon under the auspices of the Red Cross Committee and Chapter for all nurses. The Chairman of the Chapter, Dr. Bailey, presided. The

Director spoke at the afternoon session and again at the evening session, which was held in the Temple Theater.

It was a privilege to be present on the occasion of the celebration of the twenty-fifth anniversary of the birthday of the Pennsylvania State Nurses' Association. It would be difficult to describe in a few words this splendid occasion. The Chairman of the Committee on Arrangements, Mrs. Mary E. Foringer, is also Chairman of the Erie Local Committee on Red Cross Nursing Service. To her and her Committee belongs the credit of a perfect arrangement. At the luncheon at which the National Director spoke, several hundred nurses were present.

The indications of progress in better and sounder organization in the states is everywhere in evidence. The places of meeting were well chosen, they were tastefully decorated, the meetings were well conducted, committee reports demonstrated careful work and considerable activity. There were many excellent papers, and discussion in some instances was quite spirited.

The St. Louis Disaster

WHILE it would more nearly be the truth to say that the Red Cross is never out of the disaster field, as it is a question of degree rather than number, nevertheless the larger one claiming its attention during the past two months was that at St. Louis, on September 29. The Red Cross Chapter began to function immediately, while the National Office contributed \$25,000 toward the disaster fund.

Says Ruth Cobb, one of our Red Cross Nurses, and a member of the Local Committee on Red Cross Nursing Service:

The Red Cross organization as usual is wonderful. I never saw disaster relief function before, it was a thrilling thing to see.

We, i.e., the Local Committee, have an office at Headquarters and send nurses and injured cases to the Physicians' Exchange. We also keep track of and visit all patients who have been sent to hospitals. . . . The patients began to come into the Barnes Hospital before the personnel realized there had been a tornado. . . . The Deaconess and Mullanphy Hospitals were destroyed, not one patient or nurse was injured, which seems impossible when the ruins are seen. We never reached Mullanphy. . . . We did, however, reach the Deaconess, through piles of brick and overturned automobiles—never say a Franklin cannot climb a tree; mine did that night. . . . There were no lights in the streets, and I'll not forget that trip very soon nor the two others we made that night. The hospital itself was standing, but what a place! It was like nothing but a hospital in the war after a raid. [Miss Cobb is an overseas ex-service nurse.] . . . We got her (the Mother Superior) two loads of nurses for that night, and took the day nurses the next night to other hospitals to sleep. The American Red Cross furnished transportation. . . . One's own problem seems insignificant at such a time. I've worked a lot at nights and I've been so tired, but of course everyone is.

Miss Cobb's own position at the time of the tornado was one of peril, as her account clearly shows:

I happened to be having a permanent wave . . . directly in the path of the storm. I knew nothing about it until suddenly there was darkness; someone tore at my hair (which fortunately was nearly all off the curlers). I heard a terrific crash and the next minute I was dragged down cellar stairs into a pitch dark cellar already half filled with females in various stages, as I noticed afterwards, of being made beautiful. I will say that they behaved very well, but we were all so breathless we couldn't do otherwise. After I found that it was a cyclone and not a bomb, as I supposed it was, I tried to get home. My Franklin was blown in front of an Olive Street car, but fortunately the power went off just at the same moment, so not much harm was done and it would go. It took just two hours to get home. . . . I picked up various stranded people on the way—one a high school professor who saw his class disappear before his eyes and who was so dazed I hated to leave him alone to find his way.

When we read such personal accounts of these great national calami-

ties, one becomes very grateful to the American Red Cross and to the individuals, especially the nurses, who rise so splendidly to the occasion.

Enrollments Annulled

THE enrollment of the following American Red Cross Nurses has been annulled, but their appointment cards and badges have not been returned. It is to be noted that appointment cards and badges always remain the property of National Headquarters and their return is requested when enrollment is annulled: Mrs. Harry Bausher, *née* Mary Murray Butler; Verna Mae Beatty; Mrs. G. Burlein, *née* Johanna Van Hove; Julia Cargill; Ruth Eastin; Alma Edler; Maude Edwards; Elsie Margaret Ekstrom; Mrs. Hannah Farrell; Mrs. Alfred Feger, *née* Frances Winifred Kennedy; Genevieve Faye Flemister; Anna Edith Flood; Vera Louise Foster; Mrs. Maria Theresa Foster, *née* McGeehan; Irene Charlotte Gehring; Genevieve Maude Gleason; Antoinette Glover; Anne Maria Graff; Ellen T. Grimes; Mrs. Alice Marjorie Green, *née* Helen Sturgeon; Mrs. T. J. Hackett, *née* Helen Bassinger; Marie Hadden; Nettie Josephine Harris; Lulu I. Hart.



Conference on University Schools

A FOUR-DAY conference on University Schools of Nursing is being planned by the Department of Nursing Education, Teachers College, New York, in cooperation with the Committee on University Relations of the National League of Nursing Education of which Carolyn E. Gray is chairman. Teachers College has offered the use of its building for this conference, so there will be no expense apart from transportation and maintenance. The first session, on Saturday, January 21, will come immediately after the board meetings of the national nursing associations. This will be open to all who care to attend. The following days, January 23, 24 and 25, will be devoted to small and informal round-table discussions, which will have to be restricted to those directly engaged in university school work. A program of the conference may be secured from Isabel M. Stewart, Department of Nursing Education, Teachers College.

Student Nurses' Page

How We Spend Christmas

BY RUTH CONNOLLY

St. Joseph's Hospital School of Nursing, Denver, Colo.

FOR most people Christmas is a busy, happy, solemn time. Here it seems to acquire an added solemnity that cannot be understood by those unfamiliar with the spirit of service unconsciously imbibed by those of the profession to which I aspire. My first Christmas here stands out as one of the high lights of memory. We Freshmen had looked forward to a Christmas away from home with many forebodings, but as time went on and we realized that sick people required attention during the holidays as well as at other times, we became reconciled and prepared to make the best of whatever the occasion might offer.

About ten days before the holidays, little rolls of green and red paper, Christmas bells, tinsel and other trimmings began to make their appearance on the various floors of the hospital. Everyone—Sister, nurses, internes, orderlies, convalescent patients—all seemed to possess a fondness for decorating; even the visiting doctors as they passed along would stop to make a suggestion here or to place a particular bit of trimming there. Stepladders, hammers, thumb tacks and other paraphernalia were pressed into service. The day or two before Christmas, evergreens, holly wreaths, little bits of mistletoe, multicolored electric lights, etc., were added. Students from every department vied with those of all the others in displaying artistic skill. On Christmas Eve the hospital was a veritable fairyland.

For many years a selected group of singers, members of the various church choirs of the city, have made a practice of visiting all hospitals on Christmas Eve. Who would not be touched by the strains of "O Holy Night," sung so feelingly and with such a setting. When the carolling ceases, the hospital family—Sisters, nurses, internes—with some of their relatives, also some convalescent patients as guests, repair to the recreation hall. This too is arrayed in Yuletide attire, with a tree reaching from floor to ceiling in one corner. On this particular occasion a play and tableau depicting scenes attendant upon the birth of Christ were presented by the students. During the play, the baby borrowed from the orphanage to take the part of the Babe in the Manager, could be heard from behind the scenes cooing to the nurses. Later in the tableau the baby again furnished amusement; in her little bed of straw she still cooed, and with her little hand picked up a bunch of straw and raised it to the face of the Madonna. Several other appropriate numbers were given and the program concluded by all joining in the carols. Then the tree lights were turned on and Santa Claus with his retinue arrived in a laundry cart, fitted to simulate the traditional sleigh, to distribute the packages that had been accumulating for days.

Oh, what joy! Not even in the days when our faith in Santa Claus was unshaken did we experience such delight as when he called us by name

and handed us our packages. And now the climax. The chapel, always beautiful and suggestive of our spiritual home, was resplendent with its multitude of lights, evergreen and poinsettias.

The student choir had been practicing for weeks. The "Mass of the Angels" rang out upon the midnight air with heavenly beauty. Again the "Adeste Fidelis," "O Holy Night," "Little Babe of Bethlehem," "Glory

to God on High," bring us in spirit back with the Wise Men from the East to worship, for "The Little Babe is Born Again, the Little Babe of Bethlehem."

There may have been a few tears shed into the pillows that night, not tears of homesickness but an outlet of sublime emotion. In the morning "Merry Christmas" rang out more merrily and more sincerely than ever before in our lives.

Christmas at Charity Hospital

BY RUTH BOURGEOIS

Charity Hospital School of Nursing, New Orleans

"GLORY to God in the Highest and on earth, peace to men of good will." These words of that Angelic Choir have come to us through the centuries, to blend their notes with the echoes of the Christmas carols of the present day.

A procession of spotlessly uniformed student nurses, the Nightingale Glee Club, began to wind its way early before dawn on Christmas morning from the Nurses' Home to the hospital buildings. The lighted candles flickered in the soft cool breeze, not yet too cold in the fair Southland, and reflected the serene countenance of every nurse as she set forth with slow pace, voice in melodious harmony with voices about her, in the praise of the newborn King.

The candle-lit procession moved through the wards which had been made cheerful by appropriate decorations, and where were lying the wasted forms of many human beings whose cheerfulness seemed intermingled with a sweet sadness. Among this great multitude of Christ's afflicted poor, someone, perhaps, was taking his last breath, bidding adieu to a world of joy and passing into the Great Beyond. Simultaneously, in another department some little newborn gave its first cry, and waited for the world's sunrise to live its first Christmas Day.

These poor and lonely were made happier when greeted in the early morning when the dissipated world was still buried in darkness, by the celestial notes of the "Adeste Fidelis." This impressed them with a truer meaning of

Christmas which perhaps had been long forgotten, if ever the true meaning had been known to them.

Each department had a beautifully decorated and a centrally located Christmas tree with gifts for all who were engaged in that division. Many thanks are due to the Social Service workers and Sisters of Charity whose indefatigable efforts made possible such a pleasure.

The Children's Hospital, limited to the Milliken Memorial, was most attractive. The space in the rotunda, extending through the three stories, embraced a huge Christmas tree, glimmering with a thousand lights that reflected their hues upon the unending and graceful streamers of tinsel. The brilliant star beamed from its tip and seemed to send down its rays of gladness into the hearts of the hospital children.

Beneath the spreading branches were packed toys for the little ones. The generosity of the Elks' Lodge in providing such a Christmas tree was the means of banishing from many a heart much homesickness, and brought toys to those who would not have had them, were they at home. The little girl who was restless and peevish the day before, now slept peacefully with her little arm tightly around a doll. The little boy was satisfied to grasp a rubber ball much too large for his delicate, feeble hand and rested his eyes upon a little train.

The Nurses' Home was artistically decorated. The painted walls were changed into

walls of red brick resembling a huge fireplace. In one corner was a cave under a high mountain covered with snow presenting an occasional branch of evergreen. Fitting into this cave was a medium-sized Christmas tree exhibiting all varieties of ornaments. The mountain sloped into a flat platform on which

stood a table well covered with packages.

At 6 o'clock in the evening the doctors, Sisters and nurses all assembled at the home for a Christmas dinner and to exchange gifts. The Nightingale Glee Club again sang carols and all returned to their respective duties where the spirit of love continued to reign

Our Christmas

BY LUCILLE BAIRD

Fabiola Hospital School of Nursing, Oakland, Cal.

Oh, Merry, Merry Christmastime,
I seem to hear the sleigh bells chime
They take me back, they take me back,
To the good old Christmastime.

HOW our pulses throb at the thought of it! While many of us cannot be around our own firesides and with our own dear ones, we have our patients to think of and to make happy at this time. So much is done for us, too, that our day is as homelike as possible.

It is a custom on Christmas Eve to have trees in the wards and most of the private rooms and a real Santa Claus pays each his visit. In the Children's Department those who are well enough to be up and about decorate the trees. All who can, help to string cranberries and popcorn and do all the things that little hands can do.

At 6 o'clock on Christmas morning, the

student nurses gather in the grounds of the hospital and sing carols under the windows. This is greatly enjoyed by the patients.

Dinner is a gala occasion, for the trays are beautiful with the food so attractively arranged, and on each is a sprig of English holly. On this day many husbands partake of this repast with their wives.

Christmas Eve at the Nurses' Home is a jolly time, for it is always celebrated with a big tree and a very attractive program is given. This year we are planning to put on a Christmas Fantasy. The entire working staff of the hospital is invited to enjoy the evening with us. Santa Claus gives each a little gift and a bag of candy. Our individual gifts to one another are also distributed. The Christmas dinner for the nurses is served on wonderfully decorated tables, with lighted trees and a centerpiece of fruit. The turkey and all that goes with it is not soon forgotten.



"The Patient's Comfort"

BY ALICE BUSART

St. Vincent's Hospital, Indianapolis, Ind.

"GOOD nursing is attention in detail." I believe that this little quotation may very well be put at the beginning of what I have to say concerning the comfort of a patient. Our attention to those entrusted to our care is our first duty.

A good nurse may please her patient in many ways and it is usually the little things that add to the art of nursing. Outside of the ways of making comfortable beds, giving baths and other procedures, there are a few things that we could do which are pleasing to a patient.

Good care of the patient's personal belongings is our duty; but still special care of mail, flowers and books is always appreciated. Arranging the flowers in an artistic manner and putting a little bud in an extra vase and putting it on the bedside table makes a delicate decoration or special touch to our work.

A well-arranged room makes the patient feel at home. And if time permits, we may rearrange the chairs, some days, to please the patient. Patients as a rule tire of some things very easily and we should guard against this without interfering with the daily routine of work.

Dainty dishes, especially those used for nourishment which is given between meals will delight the patient as well as increase a poor appetite.

Ethical Problems

The Editor and the Committee on Ethical Standards will be glad to consider other solutions than those offered each month to the ethical problems submitted for discussion. They will welcome additional problems.

Problem XVII

A GRADUATE nurse loaned her Red Cross pin to a friend, one of the so-called "undergraduates" who, by wearing it, could give an impression of being a graduate nurse. What are the ethical implications of such a procedure?

Answer: The ethical and legal questions involved are fully covered in the following statement from the American Red Cross Nursing Service:

Each nurse receiving a badge should make every effort to protect it against misuse and loss. In order to do this we call your attention to the regulations governing its use as approved by the National Committee on Red Cross Nursing Service April 23, 1921.

"First.—It may be worn by an enrolled Red Cross Nurse only, and then as a badge and not as a pin.

"Second.—When in Red Cross uniform it may be worn:

- (a) With the indoor uniform to fasten the collar in front.
- (b) With the outdoor uniform it may also be used to fasten the collar of the waist.
- (c) It may be worn two inches below and three inches to the left of the lower left hand point of the collar.

"Third.—It may be worn at a Red Cross function with civilian clothes or with evening dress. When worn in this way, it must not be used as a pin but should be worn on the left of the waist, in relatively the same position as described in (c) above.

"Your attention is directed to the paragraph regarding the badge in A. R. C. 703, the circular of information for nurses desiring to enroll with the Red Cross:

"The badge will remain at all times the property of the American Red Cross, and in case of resignation or annulment of appointment, it is to be returned by the nurse to National Headquarters Nursing Service. This may be done through the Division Director of Nursing Service. In the event of death, the badge should be returned by a relative, or by the administrator of the estate. The use of the badge is protected by an Act of Congress, and it must not be worn by any other than the person to whom it is issued. Duplicate badges to replace those lost or destroyed will be issued by National Headquarters upon a written statement of the nurse, and upon the payment of \$1.00."

"Please remember that this badge is symbolical of service and professional attainment, and should be carefully safeguarded. We realize from the large number of requests for duplicate badges that many of the originals are in the possession of persons not entitled to them, and that in many instances these persons have no knowledge of the meaning of the badge nor of the regulations for its use. Should, therefore, any knowledge come to you of a person wearing the badge whose right to wear it you question, will you not do your share to help, by obtaining the name and address of that person and reporting to your Local Committee, to your Division Director, or to Red Cross National Headquarters?"

Questions

29. Where can we obtain material for our students on the laws and regulations pertaining to communicable disease, milk, housing, water supply, school nursing and other branches of public health nursing?

Answer.—Write to the City and State Departments of Health (the latter located in the capitol of the state) for laws and regulations

pertaining to public health. They are so important that no street address is necessary. Additional material may be obtained from the reports of the State Bureaus of Nursing and State Bureaus of Child Hygiene. The National Organization for Public Health Nursing, 370 Seventh Avenue, New York City, will gladly send pamphlets on public health nursing.

The Open Forum

[The *Journal* does not publish anonymous letters. They lack any quality of good sportsmanship and remind one of the "hit and run" type of motorist. The *Journal* welcomes letters from its readers and respects any signed opinion. It also preserves the anonymity of those who believe that the expression of their opinions, if signed, might do them personal injury. Nurses who believe that they have constructive suggestions to offer must offer them over their signatures if they are to be published. The signatures will not be published unless the writers are willing to stand by their opinions to the extent of trusting the editors. Very often additional data should be secured but the editors have no means of reaching the writers of anonymous letters and "Love's labor's lost."—EDITOR.]

News of Linda Richards

THIS morning when I went into Miss Richards' room, after the usual morning greetings Miss Richards said: "Well! what is the house news today?" I answered, "Oh, I have something better than house news to give you this morning," and I read her the splendid poem by Mable Ayers, "To Linda Richards." I wish Miss Ayers could have seen the keen look of attention and the dear lovely smile when I had finished the poem, and heard what Miss Richards said. She liked especially "A splendid vision as a gift from God." Miss Richards was so happy to know that one of her nurses should write a poem "to her." I am glad she is able to understand it, and realize who wrote it. I thought you would want to know. Miss Richards is very appreciative of any gratitude shown her work. She was wonderful in the fullness of health, she is still wonderful in the twilight hours of her life, and very dear.

ADELAIDE TOWNSEND.

Ann Judson Ross Home,
Northboro, Mass.

An Appreciated Nurses' Room

THEY say I should be thrilled at the opportunity to write about the nurses' room at the General Hospital of Nashville. I am no writer. After saying the room was dedicated to Mary A. Monohan and set aside for nurses when ill, I was at my wits' end. But really the room is lovely, painted in panels, a polished floor with small rugs, a beautiful bed with chest of drawers to match, two comfortable chairs, a bedside table, pictures on the walls, built-in bookshelves with a select list of books. The draperies at the windows soften the view of land falling away some three hundred feet to the muddy Cumberland. When spring comes and leaves appear on the trees this is a beautiful view. What appeals to me most is the splendid bathroom adjoining. Like "Samantha at Saratoga" I was sorry it was not Saturday night. While I did not altogether approve the large plate on the door, I did appreciate the dedication to Miss Monohan who is one of the squarest women I have

ever met. She will meet you more than halfway if you do your part. We are thankful to the board for making it possible for the General Hospital nurse to have a place to lay her head during illness, free of charge.

Tennessee.

M. C.

A Ten-Minutes' Quiz

THE writer was so impressed with the method of quiz used by a physician giving a course of lectures in medicine in one of the local hospitals, she thought it worth the attention of others. This physician uses the first ten minutes of the lecture in a written quiz. The papers are corrected and returned with comments. The following is an example of the method used. This particular class covered a lecture on lobar pneumonia, and was given the students by means of mimeograph copies.

"You were called to special a case of lobar pneumonia in a private home. On entering the room where the patient was confined you found the following conditions: A rather small room with one window located opposite the door. The window was almost completely shielded by curtains. The furniture consisted of one large bed upon which the patient was lying and a smaller one, in which a child was sleeping. A table standing near the larger bed was littered with various bottles with medicines for both internal and external use, a thermometer, two glasses and some dishes containing food. The patient was lying on her back, covered with two heavy blankets and a spread. Her head was supported by two pillows. Apparently what seemed to be a cold compress covered her head. On closer inspection and examination, the patient was very cyanotic, the respirations were very shallow and about 48 or 50 per minute; the pulse was almost imperceptible. The temperature was 104, the skin was rather cold and somewhat clammy. The abdomen was distended. There were three other people in the room. These were of the immediate family. You were informed that the doctor had seen the patient that morning and was not expected until the following day. Further information revealed that you had the alternative of either caring for the patient or of removing her to a hospital. As a graduate

nurse in charge of this case, how would you handle the situation?"

G. Mc. C.

Cincinnati.

Journals on Hand

GLADYS L. PARKHAM, 306 Clifton Apts., Nashville, Tenn., has copies of the *Journal* from 1925 to the present time which she would be glad to pass on to any nurse.

Lillian Helinski, Box 154, Fox Lake, Ill., has a full set of *Journals* for 1926 and part of 1927 which she will send to anyone who will pay postage.

Frances A. Dennis, 553 Main St., East Orange, N. J., has the following copies of the *Journal* which she would like to sell: 1902, February; 1903, August; 1906, all except August and November; 1917, January, March, June and July; 1918, January, April, June, through September; 1919, January, February, March, June, August, November, December; 1920, February, September and October; 1921, all except January; 1922, all except January, February, May and November; 1923, all except September; 1924, June, July and December; 1925, all except February, April and June; 1926, all except June and September; 1927, all to October.

Elsie B. Cantwell, Methodist Episcopal Hospital, Philadelphia, has copies, from the following years which she would exchange or sell: 1908, 1915, 1916, 1917, 1918, 1919, 1921, 1922, 1923, 1924, 1925 and 1926.

R. C. Tompkins, 615 East High St., Charlottesville, Va., has old copies of the *Journal* for many years which she will sell.

Journals Wanted

ELSIE B. CANTWELL, Methodist Episcopal Hospital, Philadelphia, needs copies of the *Journal* as follows: 1900, October, December; 1901, January through May; 1902, January; 1904, September, November, December.



The Intra-Nasal Administration of Oils

ONE of the therapeutic measures in common use is the instillation of a few drops of oil into the nostrils of infants suffering from various conditions which give rise to congestion of the mucosa or to nasal discharge.

Evidence has been accumulating to prove that this is not an entirely safe procedure. Recently Pinkerton¹ has published the results of a careful study of the behavior of oils aspirated into the lungs of infants, based on six autopsied cases in which the aspiration of oil was the underlying cause of death. The oily material encountered in several cases was identified as that administered as nose drops. In one the oil, through the history and typical color reactions in sections, was determined to be cod-liver oil.

The condition apparently is not so rare as has been assumed, and there is considerable evidence that oils and fatty substances given to infants by mouth or introduced into the nose, either for purposes of medication or for food, find their way into the lungs. The removal of oily material from the alveoli and the absorption of the oil is a comparatively slow process, and the end result is similar to the reaction to any other inert foreign body.

An acute infectious pneumonic process is usually superimposed and, according to Pinkerton, is probably the immediate cause of death. As regards the clinical diagnosis, it may be possible to diagnose the condition by finding oil-laden phagocytes in the sputum. However, the difficulty of obtaining sputum from infants is sometimes extreme. Clinical and X-ray evidence yield no definite characteristics of diagnostic value.

The means of avoiding such dangers as this condition presents are obvious, such as keeping to a minimum the amount of oil used for nose drops, incorporating oily substances used for medication directly into the food, and the use of the greatest possible care in feeding.—*Boston Medical and Surgical Journal*.



ADDED precautions in the way of safeguarding the health of the student nurses have been instigated; e.g., the weights of the nurses are regularly recorded; more thought; and attention are being given to posture; several of the pupils are going regularly to a physiotherapist for exercises and treatment; and the need for more organized recreation and facilities for extra-curricular activities is being stressed.—From the report of the Training School, Massachusetts Homeopathic Hospital.

¹H. Pinkerton, *Am. Jour. Dis. Child.*, 1927, XXXIII, p. 259.

NEWS

[NOTE.—News items should be typed, if possible, double space, or written plainly, especially proper names. Send items to *American Journal of Nursing*, 19 West Main St., Rochester, N. Y.]

A First Word on the Returns for Financing the Committee on Grading of Schools of Nursing

As has already been told in these pages, the Nurses' Committee for Financing the Grading Plan, a joint committee of the three national nursing organizations, was appointed at the joint board meeting last January. The committee met in April and voted favorably upon the following two motions:

1. That a forceful letter be prepared and sent to every member of the A. N. A. appealing for an individual contribution of \$1.00, if possible by return mail; and that the states be asked how they prefer that this be done, through National Headquarters or State and District Associations and Alumnae.

2. That the organized nursing groups—the State Nurses' Associations, District Associations, Alumnae Associations, State Leagues of Nursing Education, Local Leagues of Nursing Education, and Branch Public Health Nursing Organizations be approached for immediate contributions, and further that a card be enclosed asking for pledges for a period of five years.

Early in July the Committee began to set in motion the machinery for carrying out the action taken in April. Between September 1 and October 15, letters outlining briefly the work of the Committee on Grading of Schools of Nursing with an appeal for contribution, were sent to 71,000 individual registered nurses and to 2,100 organizations covering State Nurses', District, and Alumnae Associations,

State and Local Leagues, and State Public Health Nursing Organizations. The nurses in every state of the Union have been circularized; and the same is true for organizations. The campaign is perhaps the biggest and most important movement ever put on by the national associations. It has cost \$2,723.12, and except for the fact that Headquarters resources have been used just as much as possible, the overhead would have amounted to another thousand or more.

We publish this month the receipts to date (November 10) according to states. A number of the states with large state associations are yet to notify the committee of their contributions, so it is reasonable to suppose that many more dollars will be added to the fund. Every so often word comes to Headquarters that some particular nurse has been missed in the campaign. This is not to be wondered at; the wonder is that in an undertaking so immense, as many nurses have been reached as is apparently the case. Of the 71,000 letters mailed to individual nurses, 4,200 only have been returned to Headquarters. If any nurse who may not have received the letter will send to Headquarters her contribution with the simple statement "For the Committee on Grading of Nursing Schools" with her name and address, it will be properly recorded and gratefully received.

The report given below is only a forerunner. We do not believe the campaign is by any means completed. Further statements will be published in later magazines.

Our thanks and appreciation go to the nurses all over the country for their fine and warm coöperation.

States	Cash Received from		Pledged for 1928-31 by		Total
	Individuals	Organizations	Individuals	Organizations	
Alabama	\$43.00	\$80.00		\$120.00	\$243.00
Arizona	13.00				13.00
Arkansas	55.00	1.00		4.00	60.00
California	412.35	225.00		580.00	1,217.35
Colorado	59.10	35.00	\$40.00	120.00	254.10
Connecticut	159.00	65.00		100.00	324.00
Delaware	16.00	10.00		40.00	66.00
District of Columbia	89.00	70.00		80.00	239.00
Florida	44.00	10.00			54.00
Georgia	50.00	97.00		348.00	495.00
Idaho	11.00	25.00			36.00
Illinois	354.50	485.00		1,080.00	1,919.50
Indiana	68.00	40.00		140.00	248.00

States	Cash Received from		Pledged for 1928-31 by		Total
	Individuals	Organizations	Individuals	Organizations	
Iowa.....	\$90.00	\$55.00		\$140.00	\$285.00
Kansas.....	44.00	15.00		60.00	119.00
Kentucky.....	48.00	25.00		60.00	133.00
Louisiana.....	77.10	15.00		60.00	152.10
Maine.....	50.00	5.00		20.00	75.00
Maryland.....	126.00	15.00		60.00	201.00
Massachusetts.....	596.60	1,132.00		1,000.00	2,728.60
Michigan.....	168.00	170.00		280.00	618.00
Minnesota.....	139.10	170.00		360.00	669.10
Mississippi.....	19.00				19.00
Missouri.....	118.00	45.00		140.00	303.00
Montana.....	28.00				28.00
Nebraska.....	69.10	55.00		60.00	184.10
Nevada.....	3.00				3.00
New Hampshire.....	40.00	10.00		40.00	90.00
New Jersey.....	198.00				198.00
New Mexico.....	10.00				10.00
New York.....	804.00	1,190.00		3,860.00	5,914.00
North Carolina.....	66.00	70.00		260.00	396.00
North Dakota.....	16.00				16.00
Ohio.....	298.00	343.50		60.00	701.50
Oklahoma.....	44.00	15.00		60.00	119.00
Oregon.....	27.05				27.05
Pennsylvania.....	689.60	245.00		280.00	1,214.60
Rhode Island.....	67.00	110.00		200.00	377.00
South Carolina.....	28.00				28.00
South Dakota.....	17.00	5.00		20.00	42.00
Tennessee.....	36.00	60.00		240.00	336.00
Texas.....	99.05	20.00			119.05
Utah.....	20.00	25.00		100.00	145.00
Vermont.....	15.00				15.00
Virginia.....	89.00	5.00			94.00
Washington.....	86.00	50.00			136.00
West Virginia.....	40.00				40.00
Wisconsin.....	73.00	140.00		440.00	653.00
Wyoming.....	11.00				11.00
Foreign.....	39.00				39.00
Grand Total.....	\$5,822.55	\$5,133.50	\$40.00	\$10,412.00	\$21,408.05

The total cash receipts to date as shown by the above table are \$10,956.05.

CARRIE M. HALL, *Chairman,*
Nurses' Committee for Financing Grading Plan.

American Nurses' Association

All nurses engaged in mental nursing either administrative, teaching, public health, or private duty, are asked to get in touch with the Mental Hygiene Section of the American Nurses' Association through a letter and questionnaire sent out by Effie Taylor, chairman.

The purpose of the endeavor is to secure a comprehensive membership list and to enable the members of the Section to work out a worthwhile program for the aid of those engaged in this field of nursing.

Any member of the profession doing mental nursing is asked to send for the questionnaire referred to in the following letter:

"As you know, there is a section in the American Nurses' Association called, 'The Mental Hygiene Section.' The officers of this section are a Chairman and a Secretary who are responsible for assisting to promote an interest in the mental hygiene movement and to suggest ways and means by which our nurses may be used to their utmost capacity in furthering this end. Another function of the Section is to plan the program for the session at the Biennial Convention devoted to

the study of mental hygiene and mental nursing problems.

"The officers of the section feel the first necessary step in planning a worthwhile piece of work is to secure a membership list composed of all nurse members of the American Nurses' Association who are engaged in mental work—either administrative, teaching, public health, or private duty. We realize this will be a difficult task as we have no classification from which to begin work. The only available sources at the moment seem to be the two nursing journals, the *American Journal of Nursing* and the *Public Health Nurse* and the Accredited List of Schools, and the latter is not easy to use in its present form.

"With an available membership list it would be possible to work out a program which would mutually help those already engaged in mental work and point a way through which all nurses might become efficient workers in this field to the extent of their opportunity.

"No way except through the gathering of data presents itself to the Committee and the logical first step is to send a questionnaire to as many persons as we can find who are in mental hospitals or clinics engaged in some form of mental hygiene work.

"Will you who receive this letter fill in, as accurately as possible, the questions asked and return them at once to Anna McGibbon, Superintendent of Nurses, Butler Hospital, Providence, R. I., who is the Secretary of the Section?

"The names obtained will form the nucleus of a membership list and it is hoped that before January 1, 1928, we shall have a complete record of all nurses definitely engaged in this branch of nursing; then working together we shall be able to plan for a meeting in Louisville, Ky., in June which will give an impetus to the work we so greatly need in what as yet is almost an 'untilled field.'

"Please accept this request as an individual responsibility on which the development of the work will largely depend. We are counting on you."

(Signed) EFFIE J. TAYLOR, *Chairman.*



Make Louisville Reservations Early

With a complete list of the hotel rooms available for the Biennial Convention of the three National Nursing Organizations, June 4 to 9, at Louisville, Ky., already out, the field is open for those who want good accommodations to make their reservations early.

DECEMBER, 1927

The Louisville hotels and rates are as follows:

Brown Hotel—700 rooms, Fourth and Broadway, rooms with bath, single, \$3 to \$7; double \$5 to \$9; suite, parlor and bedroom, \$12 and \$15.

Seelbach Hotel—425 rooms, Fourth and Walnut Streets, single room, no bath, \$2.50 to \$3; double room, no bath, \$4 to \$4.50; single room, with bath, \$3 to \$7; double room, with bath, \$5 to \$9; suite, sitting room, bedroom and bath, \$8 to \$15.

Kentucky Hotel—450 rooms, Fifth and Walnut Streets, rooms, with bath, single, \$3 to \$7; double, \$5 to \$9; double room, twin beds, \$6 to \$10, suite, parlor and bedroom, \$10, \$12 and \$15.

Henry Watterson Hotel—250 rooms, Walnut Street near Fourth, single room, no bath, \$2; single room, with bath, \$2.50 to \$5; double room with bath, \$4.50 to \$6.

Tyler Hotel—250 rooms, Third and Jefferson Streets, single room, with bath, \$2.50 to \$5; double room, with bath, \$4 to \$8.

Elks' Hotel—200 rooms, Third and Chestnut Streets, single room, no bath, \$2; double room, no bath, \$3.50; single room, with bath, \$2.50 up; double room, with bath, \$4 up.

Louisville Hotel—225 rooms, Sixth and Main Streets, single room, no bath, \$1.50 to \$2.50; double room, no bath, \$2 to \$4; single room, with bath, \$4 up; suites, \$5 to \$15.

Loear Hotel—155 rooms, 220 East Broadway, single room, no bath, \$1.50; single room with bath, \$2.50 to \$3.50; double room, with bath, \$4 to \$6.

Plaza Hotel—150 rooms, 409-417 South Fifth Street, single room, no bath, \$1.50; double room, no bath, \$2.50; single room with bath, \$2 to \$3.50; double room, with bath, \$3.50 to \$5.

Kenton Hotel—100 rooms, Walnut Street near Fourth, single room, no bath, \$1.50 to \$2; double room, no bath, \$2 to \$2.50, single room, with bath, \$2 to \$2.50; double room, with bath, \$3 to \$4.

Victoria Hotel—100 rooms, Tenth and Broadway, single room, no bath, \$1.50; double room, no bath, \$2.50 up; single room, with bath, \$2 up; double room, with bath, \$3 up.

Hermitage Hotel—50 rooms, 543-545 South Fifth Street, single room, no bath, \$1.50 up; double room, no bath, \$2.50 up; single room, with bath, \$2 up; double room, with bath, \$3 up.

Berkeley Hotel—92 rooms; 664 South Fourth Street, single room, no bath, \$1.50; double room, no bath, \$2.50; single room, with bath, \$2 to \$3.50; double room, with bath, \$3.50.

Cortlandt Hotel—150 rooms, 942 South Fourth Street, apartment hotel, single room, no bath, \$1.50; double room, no bath, \$2.50; single room, with bath, \$2.50 up; double room, with bath, \$4; suite of two bedrooms, sitting room and bath, \$5.

Argonne Hotel—150 rooms, First and Chestnut Streets, single room, no bath, \$1.50; single room, with bath, \$2; double room, with bath, \$4; suite of two bedrooms, sitting room and bath, \$5.



Nursing Exhibit Attracts Wide Attention

The Sesqui-centennial Nursing Exhibit attracted approximately 500 people a day while it was on display at the American Hospital Association convention in Minneapolis. Visitors commented on the compactness and the originality of the display. Aid given by Minnesota nurses who assisted in the booth during the week was greatly appreciated by the American Nurses' Association



Nurses' Relief Fund

REPORT FOR OCTOBER, 1927

Balance on hand, September 30, 1927.....	\$14,134.10
Interest on bank balances.....	86.34
Interest on investments.....	340.00
	<hr/>
	\$14,560.44

Contributions

District of Columbia: Garfield Memorial Hosp. Alumnae.....	\$87.00
Florida: District 6, \$15; District 11, \$42; District 13, \$1 per capita, \$68.....	125.00
Georgia: District 1, Grady Alumnae.....	25.00
Indiana: Indianapolis City Hosp. Alumnae.....	3.00
Iowa: District 6, \$127; District 9, \$136; individuals, \$27.....	290.00
Kansas: Dist. 1, \$81.50; Dist. 2, \$25; Dist. 6, \$17; Dist. 7, \$29.....	152.50
Minnesota: District 3, Minneapolis, St. Barnabas Alumnae, \$67; Rest Hospital Alumnae, \$5; Abbott Hospital Alumnae, \$55; Minneapolis Genl. Hosp. Alumnae \$54; Fairview Hosp. Alumnae, \$106; Asbury	

Hospital Alumnae, \$26; Northwestern Hosp. Alumnae, \$89; Litchfield Hosp. Alumnae, \$14; Individual contribution, \$1; District 5, Immanuel Hosp. Alumnae, Mankato, \$25; Individual contribution, \$8.....	\$450.00
Missouri: District 1, St. Joseph's Hosp. Alumnae, \$60; District 2, Children's Mercy Hosp. Alumnae, \$4, Trinity Lutheran Hosp. Alumnae, \$46; District 3, Missouri Baptist San. Alumnae, \$1, Lutheran Hosp. Alumnae, \$150; District 6, Commission on Journals contributed by member, \$1.50.....	262.50
Nebraska: District 1, Hastings, \$39; District 2, Omaha, Clarkson Meml. Hosp. Alumnae, \$50; Nicholas Senn Hosp. Alumnae, \$10; St. Joseph's Hosp. Alumnae, \$75; Lutheran (Norfolk) Hosp. Alumnae, \$8.....	182.00
New York: District 6, Mercy Hosp. Alumnae, \$25; individual, \$2; District 9, Albany Hosp. Alumnae, \$25; District 10, St. Mary's Hosp. Alumnae, Amsterdam, \$25; District 13, St. Mark's Hosp. Alumnae, \$25; New York Hosp. Alumnae, \$100; Harlem Hosp. Alumnae, \$10; two individuals (Post Graduate Alumnae) \$10; District 14, St. John's Hosp. Alumnae, Brooklyn, \$25; Anonymous, Liberty Loan coupons, \$8.99.....	255.99
North Carolina: Contributed by a sick nurse to those less comfortably provided for....	5.00
North Dakota: State Nurses' Association, \$46.50; Individual \$8.....	54.50
Oklahoma: District 1, \$28; District 4, \$16.....	44.00
Utah: Salt Lake General Hosp. Alumnae.....	5.00
Vermont: State Nurses' Assn., \$25; Heaton Hosp. Alumnae, \$10; St. Albans Hosp. Alumnae, \$10; Rutland Hosp. Alumnae, \$10; Fanny Allen Hosp. Alumnae, \$5; Proctor Hosp. Alumnae, \$2; Bright-	

look Hosp. Alumnae, \$2;	
Mary Fletcher Hosp. Alumnae, \$15.....	\$79.00
Washington: State Nurses' Association.....	50.00
Wisconsin: Districts 4 and 5, \$10; Dist. 6, \$8; Dist. 12, \$2; Mt. Sinai Alumnae, \$30.....	50.00
Total receipts.....	\$16,680.93

Disbursements

Paid to 154 applicants \$2,497.00	
Salary.....	50.00
Printing.....	5.00
	2,552.00
Balance on hand Oct. 31, 1927.....	\$14,128.93
Farmers' Loan and Trust Co.....	\$5,498.74
National City Bank	3,062.47
Bowery Savings Bank.....	5,567.72
	\$14,128.93
Invested funds.....	116,575.87
	\$130,704.80

All contributions to the Nurses' Relief Fund should be made payable to the Nurses' Relief Fund and sent to the State Chairman. She, in turn, will mail the checks to the American Nurses' Association, 370 Seventh Avenue, New York, New York. If the address of the State Chairman is not known, then mail the checks direct to the Headquarters office of the American Nurses' Association at the address given above. For application blanks for beneficiaries, apply to your own alumnae or district association, or to your State Chairman; for leaflets and other information address the State Chairman, or the Director of the American Nurses' Association Headquarters.



The Isabel Hampton Robb Memorial Fund

REPORT TO NOVEMBER 12, 1927

Previously acknowledged \$32,343.57

Contributions

Iowa: Lutheran Hospital Alumnae, Des Moines.....	2.50
Maryland: Johns Hopkins Hospital Alumnae.....	25.00

DECEMBER, 1927

Missouri: State Nurses' Association.....	\$25.00
New York: State Nurses' Association.....	25.00
Ohio: District 1 (Akron).....	10.00
Washington: State Nurses' Association.....	25.00
	\$32,456.07

MARY M. RIDDLE, Treasurer.



The McIsaac Loan Fund

Balance, Oct. 10.....	\$971.90
Interest.....	.77
Partial payment on loan.....	50.00

Contributions

Iowa: Lutheran Hospital Alumnae, Des Moines.....	2.50
Missouri: State Nurses' Association.....	25.00
Ohio: District 1 (Akron).....	10.00
	\$1,060.17

MARY M. RIDDLE, Treasurer.

Annual contributions to each fund are desired from State, District and Alumnae Associations. Checks should be made out separately and sent to the treasurer, Mary M. Riddle, care *American Journal of Nursing*, 19 West Main St., Rochester, N. Y. For information and application blanks, write the Secretary, Katharine DeWitt, at the same address.



National League of Nursing Education

ADDRESSES WANTED

Copies of the 1927 Annual Report, mailed to members listed below, have been returned because of incorrect address. If these members will promptly notify Headquarters National League of Nursing Education, 370 Seventh Avenue, New York, of their proper address, their reports will be forwarded at once. The addresses given are the last ones known.

Mary Cecilia Sands, Blossburg State Hospital, Blossburg, Pa.
Julia Joley, 5 Club Road, Roland Park, Baltimore, Md.
Laura M. Snyder, 5146 Friendship Ave., Pittsburgh, Pa.
Edith M. Redwine, Watts Hospital, Durham, N. C.

Ella L. Richardson, Lowell General Hospital, Lowell, Mass.
 Edna J. Pierson, Home Hospital, LaFayette, Ill.
 Leila Trewick, City Hospital, Welfare Island, New York City.
 Gertrude E. Mathews, Lowell General Hospital, Lowell, Mass.
 Margaret M. Dailey, 50 Maude St., Providence, R. I.
 Elizabeth M. Reynolds, Blossburg State Hospital, Blossburg, Pa.
 Annie M. Healy, 404 Hart St., Brooklyn, N. Y.
 Ethel H. Bates, Olean General Hospital, Olean, N. Y.
 Maude Denico, 28 Mawney St., Providence, R. I.
 Ada G. Ayers, 28 Mawney St., Providence, R. I.
 Mrs. Nan H. Ewing, 1917 Wilson Ave., Evanston, Ill.
 M. G. Cabot, Damariscotta Mills, Maine.
 Catherine L. Parrish, Presbyterian Hospital, Pittsburgh, Pa.
 Sister M. Alacoeque, St. Mary's Hospital, Passaic, N. J.
 Sister Mary of Jesus Chabot, 525 Wisconsin Ave., Chicago, Ill.
 Charlotte Dunning, 2045 E. 90 St., Cleveland, Ohio.
 Martha Wenke, Milwaukee County Hospital, Wauwatosa, Wis.
 Belva M. Whoolery, Charity Hospital, New Orleans, La.
 Alice L. Lake, University Hospital, Ann Arbor, Mich.
 Helen M. Pollock, Hurley Hospital, Flint, Mich.
 Aletah A. Garrett, Northeastern Hospital, Philadelphia, Pa.
 Mary D. Colline, 5517 Kenmore Ave., Chicago, Ill.
 Adelaide B. Cushing, Eye and Ear Hospital, Philadelphia, Pa.
 Mildred Shellenberger, Presbyterian Hospital, Philadelphia, Pa.
 Rose E. Griffin, 437 Walpole St., Boston, Mass.
 Ella M. Rafuse, 12 Beacon St., Boston, Mass.
 Elizabeth Bachinger, 447 S. Olive St., Los Angeles, Calif.
 Ethel M. Rice, 1243 Wilshire Blvd., Los Angeles, Calif.
 Judith M. Logan, 3120 R St., N.W., Washington, D. C.
 Louise M. Moyer, 447 S. Olive St., Los Angeles, Calif.
 Edith Willard Fillmore, 2412 Webster St., San Francisco, Calif.

Ada M. Small, 248 Newbury St., Boston, Mass.
 Anna L. Alline, Memorial Hospital, Albany, N. Y.
 Alice M. Atwood, Truesdale Hospital, Fall River, Mass.
 Mabel E. Trevilion, University Hospital, Baltimore, Md.



International

England: All nurses wishing to join the College of Nursing, whose names are not on the General Part of the State Register for England and Wales, must do so before March 31, 1928. Present requirements are: a three years' certificate of general training from an approved training school; good character. For application forms write to the Secretary, College of Nursing, 1a Henrietta Street, London, W. 1.



Army Nurse Corps

During the month of October, 1927, members of the Army Nurse Corps were transferred to the station indicated: To William Beaumont General Hospital, El Paso, Texas, 2nd Lieuts. Margaret M. Shook, Anna P. Hart; to Fitzsimons General Hospital, Denver, Colo., 2nd Lieuts. Dorothy M. Kurtz, Augusta L. Short, Helena Clearwater, Jennie E. Leber; to Letterman General Hospital, San Francisco, California, 2nd Lieuts. Mabel Berry, Mina A. Aesen, Mary E. K. Mellor, Cora E. Collison, Adalissa Mattson, Blanche B. Patrick; to Station Hospital, Fort McPherson, Ga., 2nd Lieut. Anna M. Walsh; to Station Hospital, Fort Riley, Kans., 1st Lieut. Lulu Gerding; to Walter Reed General Hospital, Washington, D. C., 2nd Lieut. Olive R. MacCampbell; to Station Hospital, San Juan, P. R., 2nd Lieut. Amelia I. Goodine; to the Hawaiian Dept., 2nd Lieuts. Zita Callaghan, Mary A. Scanlon, Bereniece Newitt, Margaret Docherty, Katherine A. Harke, Alice G. Griffin, Eva D. Hicks; to the Philippine Department, 1st Lieuts. Elida Raffensperger, Jessie M. Braden, 2nd Lieuts. Helen T. Carey, Georgia E. Johns.

Eighteen have been admitted to the Corps as 2nd Lieuts.

The following named, previously reported separated from the Corps, have been reassigned: 2nd Lieuts. Blanche E. Wheatley, Marguerite Entwisle, Lillian M. Munn, Mary Weitman, Hazel V. Watson, Margaret Swearingen.

The following named are under orders for

separation from the Corps: Etta E. Robbins, Celena A. M. Finnegan, Eilian Davies, Marie T. Hoel, Clifton A. Grinnell, Catherine D. Donahue, Sarah Hawkins, Gertrude MacLean, Winifred Kunzendorf, Pauline Gary, Emily M. Bourg, Lillie E. Norris, Mary E. Jones, Violet M. Messer, Margaret F. Thoma, Brigitte L. Sauer, Lotte Auenmueller.

JULIA C. STIMSON,
Major, Army Nurse Corps,
Superintendent.

Navy Nurse Corps

REPORT FOR OCTOBER

Appointments: Seven.

Transfers: To Annapolis, Md., Rose A. Walker; to Boston, Mass., Anna W. Gray; to Canacao, P. I., Laura M. Stith; to Great Lakes, Ill., Ethel M. DeGarmo; to League Island, Pa., Jane E. Hamilton, Martha E. Whitener, Myrtle A. Kniffen, Laura A. Roburda, Ella B. Clouth; to Mare Island, Calif., *Hospital Corps Training School*, Louise E. LeClair; to Newport, R. I., Josephine Rugg, Mary J. Jones; to Washington, D. C., Paula E. Mattfeldt, Muriel H. Neate.

Adah L. Farnsworth, Nurse, U. S. N., has been ordered to the Schools of Nursing of the Hospitals of the Graduate School of Medicine, University of Pennsylvania, for a special course in Anesthesia. Rachel K. Mytinger, Nurse, U. S. N., has been ordered to the Naval Medical School, Washington, D. C., for a special course in electro-cardiographic work and basal metabolism. Anna G. Davis, Assistant Superintendent, Navy Nurse Corps, who is attached to the Ninth Naval District, has changed her headquarters from the Chicago Chapter, American Red Cross, to the Navy Recruiting Station, 608 South Dearborn Street, Chicago, Illinois.

Honorable Discharge: Jean Bowman, Hilma Knudtson, Anna G. Mays.

Resignations: Ola McGlothlin, Jennie Jackman, Judith A. Stenson, Raye H. Roskin, Kathryn V. Gimbert, Mary Frances Bosco, Theattle Rodenhaver, Julia May Greb, Clara Belle Halling, Dorothy Ellis, Beulah Duxbury, Bertha E. Connolly.

J. BEATRICE BOWMAN,
Superintendent, Navy Nurse Corps.

U. S. Public Health Service

REPORT FOR OCTOBER

Transfers: to Baltimore, Md., Winifred Turville, Chief Nurse, Margaret McCallum,

Helena Bonner; to San Francisco, Calif., Minnie Pearl Goodwin, Chief Nurse, Susan A. Montague, Head Nurse, Laura Moline, Head Nurse; to Stapleton, N. Y., Josephine Gaffney, Assistant Chief Nurse; to Key West, Fla., Elizabeth Delaney, Acting Chief Nurse; to Mobile, Ala., Winifred Warren, Acting Chief Nurse; to Boston, Mass., Rava Hughes Kelly; to Chicago, Ill., Rose Harvey, Maggie Cooper, Zoe Stevens; to Detroit, Mich., Ruth Kilgore Nicholson; to New Orleans, La., Hortense Murry, Katherine Dunham; to Norfolk, Va., Nelle George; to Washington, D. C., Alcesta Owens; to Ellis Island, N. Y., Josie Hanson.

Reinstatements: Alice Corcoran Davidson, Borghild Thompson, Ada McCool, Marion I. Reid, Jessie Ford.

Assignments: Eight.

LUCY MINNIGERODE,
Supt. of Nurses, U. S. P. H. S.

United States Veterans' Bureau

REPORT FOR OCTOBER

Assignments, new: 45.

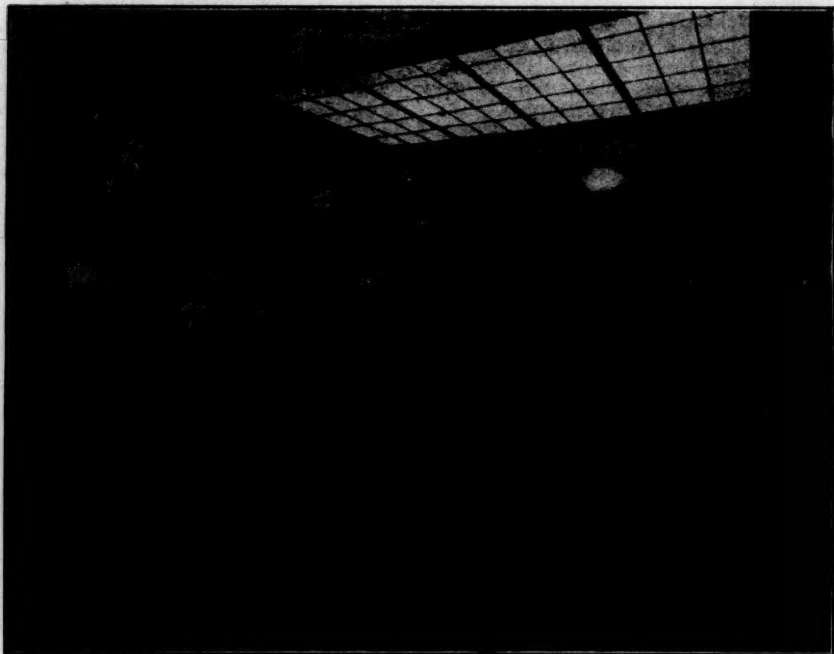
Transfers: To Palo Alto, Calif., Mary A. Redmond; to Oteen, N. C., Edna Reindahl; to Ft. Bayard, N. M., Lisetta Korb; to Perry Point, Md., Bertie Campbell; to Bronx, N. Y., Elizabeth Snodgrass; to San Fernando, Calif., Anna Coffey.

Reinstatements: Joanna Meehan, Mildred Nash, Cynthia Gamblos, Letha Hicks, Frances M. Bryan, Essie Shoemaker, Theresa Hauser, Leesa Lakin, Mildred Conway, Florence Jones, Margaret P. Crockett, Anna Lee Schuts, Lillie E. Norris, Ileena Bonfield, Marion McSherry, Ina Mae Burney, Lulu Wilkins, Lexa Ferris.

MARY A. HICKEY,
Supt. of Nurses, U. S. V. B.

St. Barnabas Guild

The recent convention of St. Barnabas' Guild, held in Cincinnati, Ohio, was one of great enthusiasm, especial stress being placed on the student nurse. Mrs. Ireland, the General Secretary, having given five years of faithful service, was obliged to refuse to serve again, because of ill health. The report of the Treasurer showed a deficit of \$960. As soon as this was read, the amount was raised within ten minutes. It was decided to raise the dues 75 cents per capita. Miss Hicks gave a fine talk on her work as a nurse in Porto Rico. The Walnut Hills Church where



LIVING ROOM, NEW NURSES' RESIDENCE, RESEARCH HOSPITAL, KANSAS CITY, MO.

the meetings were held was filled to capacity when Bishop Warren Rogers preached. Nurses from eight different hospitals were present in uniform. There was discussion as to whether a nurse after marriage should become an Associate Member, but sentiment, guided by Miss Oxley's quotation, "once a nurse always a nurse," was that they should remain active members.



American Hospital Association

William H. Walsh, M.D., has resigned his position as Executive Secretary, effective January 1. Dr. Walsh is returning to his private practice as hospital consultant, with offices in New York and Chicago. Summing up the accomplishments of the past three years, the American Hospital Association today is in a position of which it may well be proud. It is permanently located in its own home. The institutional membership has about doubled. The general income has increased one-third. The state of the treasury is more favorable than when the Association

conducted work in rented quarters. During the last year, more money was appropriated for actual service to the field than during any other year in the history of the Association. The Personnel Bureau has been established and is rendering a real service to hospitals and hospital workers. A quarterly *Bulletin*, the official publication of the Association, with legitimate advertising in all issues, has been successfully launched and the Association has expressed its desire to extend this to a monthly hospital journal at an early date. Finally, the Association enjoys the confidence and coöperation of the other two great national organizations engaged in work somewhat similar; namely, the American Medical Association and the American College of Surgeons.



Civil Service Examination

The United States Civil Service Commission announces competitive examinations for the positions of trained nurse and for trained nurse (psychiatric) to fill vacancies in the

Panama Canal service. Applications must be filed by December 3. Full information may be obtained from the United States Civil Service Commission, Washington, D. C., or the Secretary of the United States Civil Service Board of Examiners at the post office or customhouse in any city.



Institutes and Special Courses

Ohio: A joint institute-education, public health and private duty sections of the OHIO STATE ASSOCIATION was held at the Deshler-Wallick Hotel, Columbus, November 9-12. The Institute opened with a talk on "The Purpose of the Institute," by V. Lota Lorimer, in place of Clara F. Brouse, who was ill. She emphasized the importance of each Section and the need of better knowledge of each other. Prof. Frank D. Slutz, Dayton, gave a very splendid course of lectures on the general subject "Motivation of Human Behavior as It Relates to the Individual Development of the Nurse." His subjects under this sub-heading were: "Out of the Depths" (The Psychology of the Unconscious); second lecture, "On the Heights" (The Psychology of Reason); third lecture, "Wishing Cap or Willing Hat?" (The Psychology of Desire); fourth lecture, "The Art of Living Together" (Social Psychology). These lectures emphasized the importance of having a real purpose in life, of being sincere, and a desire to study all phases of questions. "Maternal Health," a film made by the Maternity Hospital, Cleveland, showing different types of deliveries, was shown; and another demonstrating the use of the electric breast pump and electric blanket. A demonstration followed the showing of these films, demonstrating a new type of technic for using hot dressings. Following this, Clara Wilhelm, presented the subject of Prenatal Instruction as it is carried on in the Out-patient Obstetrical Department of the College of Medicine, Ohio State University, Columbus. Florence Mateer, Columbus, gave an address on "The Physical Basis of Behavior in the Pre-school Child," followed by a demonstration—"Pre-school Activities." This was most helpful as it brought out very definitely what can be accomplished with the normal and the abnormal child. "Nutrition a Factor in Positive Health" was ably presented by Huguina McKay, Home Economics Department, Ohio State University, Columbus. "Health Teaching for the Adolescent and College Age" was presented by Jean Cavers, Columbus School

for Girls, Columbus. Mrs. Garry C. Myers, Cleveland, gave a most interesting address on "Habit Formation." She also gave out charts listing important habits to be inculcated in the child from birth. Dr. Roy E. Krigbaum, Columbus, gave a helpful lecture on "Nutrition and Pregnancy," emphasizing the importance of complete physical examinations for the prospective mother to ascertain whether or not medical treatment was necessary, as in many cases a deficiency in calcium was noted during this period. Dr. Andrew Rogers, Chief of the Obstetrical Staff, Ohio State University, Columbus, gave an interesting address on "The Premature Baby," followed by a demonstration in the care of the premature baby and in bedside teaching by Harriet Wyandt, Cleveland. Nellie X. Hawkinson, Cleveland, presented the subject "The Clinical Unit of Teaching; Its Content and Use. Subject: The Premature Baby." This was followed by "The Function of the Nursing Lecture; Relation to Clinical Unit," by Helen Shank, Columbus; "The Value of the Written Procedure; Method and Value of Bedside Teaching" and "Aids in Teaching; Students' Experience Records; Case Reports, etc.," by Margaret Carrington, Dayton. Dr. Clayton S. Smith, Columbus, presented the subject "Newer Drugs and Accurate Solutions." Dr. Herbert M. Platter, Secretary of the Ohio State Medical Board, gave a talk on "Why Every Nurse Should Know Communicable Disease Nursing." Miriam Geiger, was unable to be present, but her paper on "Aseptic Care of Communicable Diseases" was read by Augusta M. Condit. A most interesting and lively discussion followed the presentation of these subjects. The State Department of Health, State Industrial Commission, State Department of Education, Commission for the Blind and the Division of Charities representatives gave comprehensive pictures of the work of these various departments. Dr. Leslie Lawson Bigelow, President of the Ohio State Medical Association, gave a splendid paper on "Medical Social Service." Dr. J. J. Coons, Columbus, spoke on "Modern Methods of Diagnosis; Relation of Blood Pressure to Health," using a number of X-ray pictures to bring out important points. This splendid address was followed by a demonstration, "Taking and Recording Blood Pressure," by Olive E. Shale, Columbus. "Health in Old Age" was the last general subject to be discussed. Dr. E. R. Hayhurst, Columbus, gave a paper on "Health in Declining Years," emphasizing the importance of a physical examination every year after forty years of age. Dr. Carl W. Sawyer, Marion, spoke on

"The Mental Aspects of Senility." There was a very interesting discussion following these two addresses. Marion Chalmers, Akron, gave an interesting talk on "Observations in the Use of Light Treatment." This paper closed the program of the Institute and a short business session followed.

Three hundred nurses were registered. Social affairs included a card party given by District 12; a reception by Mrs. Donahey, wife of the Governor of the State, and a banquet.

TEXAS: THE TEXAS STATE LEAGUE OF NURSING EDUCATION conducted its sixth annual institute at Baylor, St. Paul's, and Parkland Hospitals, Dallas, October 4-6. October 4, Meeting at Baylor Hospital, Mrs. Robert Jolly presiding. Papers: "Principles of Teaching Drugs and Solutions," Ruby Buchan; "Recruiting Students and Publicity Methods," Mrs. Sadie Hausmann; demonstration, "Obstetrics," Dr. Hannah. Afternoon, inspection of hospital; lecture, "Diabetes and Insulin Treatment," Dr. D. W. Carter; paper, "The Value of Psychology to People Working with the Sick." October 5, meeting at St. Paul's Sanitarium, Lucile Burlew, presiding. Round table discussion, "Code of Ethics," Louise Dietrich, leader; demonstration, "Morning and Evening Care of Patients," Evelyn Bass; "Pediatrics," Dr. L. J. Perkins. Afternoon, inspection of hospital; address, "The American Red Cross Organization in Time of Peace," C. Payne; "The Red Cross Nursing Service in the Mississippi Flood Area," Ada Miller; Enrolling Red Cross Nurses," Mary Kennedy; round table conference "School Problems," Sister Antonio, leader. October 6, meeting at Parkland Hospital, Lucile Burlew, presiding. Round table discussion, "Social Life for Student Nurses," Mrs. Grace Engblad, leader; demonstration, "Class Room Equipment for Anatomy and Physiology," L. C. Crenshaw; "Psychology," Dr. Yarbrough; "New Methods of Examination-Conditions and Resources for Effective Ward Treatment," E. B. Brient. Afternoon, inspection of hospital; demonstration, "Orthopedics," Dr. Carrell; "Public Health and School Nursing," Dr. Croxier; tour of inspection, Baby Camp, Hella Temple Hospital, Hope Cottage, and Freeman Memorial Clinic.

The sessions were well attended, papers and demonstrations very good, and discussions lively and most profitable. Eight nurses traveled distances that required seven or more hours on trains, representing east, west, north, and south sections of the State.

Commencements

MASSACHUSETTS:

Arlington.—The Arlington Training School of Ring Sanatorium, a class of six, on October 17, with an address by Dr. Loring Tiffany Swaim.

MISSOURI:

Kansas City.—The Children's Mercy Hospital, a class of five, on October 23, with an address by Mary M. Roberts.

PENNSYLVANIA:

Oil City.—The Oil City Hospital, a class of eight, on September 27, with an address by Mrs. Helene Herrmann.



State Boards of Examiners

Minnesota: The next state board examination will be held December 8, 9 and 10. Leila Halverson, Secretary.

Oklahoma: THE OKLAHOMA STATE BOARD OF NURSE EXAMINERS will hold an examination for the registration of nurses at the State Capitol, Oklahoma City, January 5 and 6. All applications must be sent, before the date of the examination, to the Secretary, Mrs. Candice Montfort, Route No. 4, Oklahoma City.

South Dakota: THE SOUTH DAKOTA STATE NURSES' EXAMINING BOARD will hold an examination for registration of nurses at the Capitol Building, Pierre, January 17 and 18. Applications must be filed with the Secretary, Mrs. Elizabeth Dryborough, Rapid City, at least two weeks in advance of the examination.

Virginia: THE VIRGINIA STATE BOARD OF EXAMINERS OF NURSES will hold its semi-annual examinations in Richmond, December 14, 15 and 16. For further information apply to Ethel M. Smith, Secretary, Craigsville.

Wisconsin: Carol Martin has been appointed Assistant to the Director of Nursing Education, State Board of Health.



State Associations

Arkansas: The fifteenth annual convention of the ARKANSAS STATE NURSES' ASSOCIATION was held at Ft. Smith, November 7 and 8. Meeting was called to order by Mrs. H. C. Sellers, President, at 10.15 a. m.; invocation by Reverend Father Norton, and address of welcome by Mayor J. H. Parker, with response

by Sister M. Rita, in her gracious and pleasing manner. An address by the President was given, in which she told of the past year's work of the Association and urged cooperation. At 10.45, the meeting was turned over to the first vice president, Eva Atwood. An interesting report was given by Ruth Riley, Secretary and Treasurer of State Board of Nurse Examiners, after which all districts gave their reports showing work well done, this being proved by the large increase in the State Association membership. In the afternoon an interesting paper was read by Mary E. Tenant of Kansas City, Mo., District Nurse of the Metropolitan Insurance Co. Ruth Riley gave a report of her Survey Committee, after which Etta Lee Gowdy, St. Louis, Field Nurse for the American Red Cross of Arkansas and Oklahoma, gave a very interesting and profitable talk. The meeting adjourned and the nurses went to St. Edward's Mercy Hospital, where a delightful tea was served. At 7.30 p. m. an elaborate banquet was given by District 4 A with an entertaining program, enjoyed by all. The day closed with a dance. On November 8, the meeting was called to order by Eva Atwood; invocation by Dr. Anderson, followed by an address by Dr. Jas. A. Folts, "Nursing in General," which was very instructive and beautifully given. Reports by chairmen of state committees were read, then a paper by Tommie Owens, and the election of officers was announced. Luncheon at the Goldman Hotel was by the courtesy of the Business and Professional Women's Club. At 2 p. m. there was a 40-minute address by Dr. W. Eberle, President of the State Board of Nurse Examiners. The Private Duty Section voted to use same rate card for 1928. The Association voted to give to the National Relief Fund as in the past few years; it also voted to contribute to the National Grading Committee Fund. Officers for the coming year were installed as follows: President, Mrs. M. Ward Falconer, Little Rock; vice presidents, Eva Atwood, Conway, Maryella Clayton, Ft. Smith; secretary and treasurer, Blanche Tomaszewski, Pine Bluff; councillors, Sister M. Edward, Hot Springs, Ruth Riley, Fayetteville. Over one hundred registered at this meeting. After an auto ride over the city, given by the Chamber of Commerce, this successful meeting closed, to meet next year in Hot Springs, October 15 and 16.

Illinois: District 14 was official hostess to the twenty-sixth annual convention of the ILLINOIS STATE ASSOCIATION OF GRADUATE NURSES, held October 12 to 15. At the business session, October 12, Irene R. Stimson,

President, presided. The Public Health luncheon was followed by the afternoon session with Jane C. Allen, Director of the National Organization for Public Health Nursing who spoke on "The Trend of Public Health Nursing." Dr. Carl Fenn of Chicago gave a paper on "The Heart as Related to Public Health." Dr. H. L. Friedinger of Decatur talked on "Oral Hygiene and Its Relation to General Health." After a social evening at the City Park, the guests of the convention were entertained at a theater party. At the Thursday morning session, Evelyn Wood, President of the Illinois League of Nursing Education, presided. In the absence of Laura R. Logan, Dean of the Illinois Training School for Nurses, Edna Newman conducted a round table on "Bedside Nursing; How Shall It Be Taught?" The following papers were presented: "Medical and Surgical Conditions," Mary H. Cutler, Bertha Harding, and Glee Martin; "Pediatrics," Josephine Krick; "Obstetrics," Jane McLaughlin and Bertha Graves. "Communicable Diseases and Tuberculosis," Ruth Ahlberg and Lenore Tobin, Anna D. Wolf's paper on "Factors to be Considered in Organizing a School of Nursing in a University," was presented and contained many interesting points. Following the private-duty luncheon, two papers were read in the afternoon meeting, "Pre- and Post-Operative Care of Thyroid Cases," Hazel L. Roberts, and "Infant Feeding," by Dr. Heyworth N. Sanford. Dr. Richard Olding Beard was honor guest at the banquet, Thursday evening, and spoke on "The Obligations of a Profession." Friday morning, Esther A. Rothery gave a paper on "Recruiting for the Small School of Nursing." S. Lillian Clayton, President of the American Nurses' Association gave a significant paper on "The Meaning of Ethics in the Life of the Nurse." Lenore Tobin spoke on "Equipping a Laboratory and Teaching Applied Chemistry in the Small School of Nursing," and Anna Rein on "Summer Camps for Girls." Frieda Wanamaker of the Juvenile Research Institute, Chicago, sent a very interesting paper on "Children's Recreation." At the closing business session on Friday afternoon it was decided to hold the 1928 convention in Joliet, Illinois.

Indiana: The twenty-fifth annual meeting of the INDIANA STATE NURSES' ASSOCIATION was held in Indianapolis, October 21-22, with headquarters at the Lincoln Hotel. Two hundred and sixty-three persons registered for this meeting, which was perhaps the most successful the Association has ever held. Charles P. Emerson, M.D., Dean of Indiana

University School of Medicine, discussed "Training Student Nurses for Internal Medicine" and May Ayres Burgess, Ph.D., Director of the National Committee on Grading of Nursing Schools, gave a most interesting report of the "First Returns from the Supply and Demand Study," made by that Committee. The members of the Fourth District Association were hostesses at a luncheon Friday, October 21. Members of lay groups interested in Public Health Nursing were invited to attend the State Luncheon October 22, and to hear Jane C. Allen, Director, National Organization for Public Health Nursing, speak concerning "The Lay Member's Responsibility in a Public Health Program." Miss Allen's address, "Modern Trends in Public Health Nursing," delivered during the afternoon session, this same day, was an inspiration to all those present. During the two days of the meeting, round tables were arranged for Private Duty Nurses and Public Health Nurses. A free discussion of problems of special interest to these groups resulted: Eva MacDougall, Director of the Indiana State Department of Public Health Nursing, spoke concerning the activities of that Department, and Hulda A. Bieri Cron, Director, Evansville Public Health Nursing Association, Evansville, gave a helpful address entitled "Utilizing United Effort." A Souvenir Program to commemorate the twenty-fifth annual meeting of the Association was issued at this meeting. The following are the officers of the INDIANA STATE LEAGUE OF NURSING EDUCATION, elected at the annual meeting, October 20: President, Ethel E. Carlson; vice president, Rosetta Graves, Terre Haute; secretary, Irene Zinkan, Indianapolis; treasurer, Mrs. Blanche Morton, Indianapolis; directors, Eugenia Kennedy, Mrs. Ethel P. Clark, Mrs. Alma Scott.

Iowa: The twenty-fourth annual convention of the IOWA STATE ASSOCIATION was held in Fort Dodge, October 19-21. The Association had, on the program, what might be termed "an all-star cast." Clara D. Noyes, Director of Red Cross Nursing Service, Washington, D. C.; Lillian Clayton, President American Nurses' Association; Janet Geister, Headquarters Secretary, American Nurses' Association; Jane Allen, Director, N. O. P. H. N.; Miss Best, Asst. Dean, Illinois Training School and Sister Mary Giovanni of the Michigan Examining Board were among the speakers. They brought encouragement and inspiration and gave freely of themselves, not only at the general sessions, but at sectional meetings and directors' meetings as well.

A. Faith Ankeney, who so ably filled the position of Director of Nursing Education for six months, gave a splendid report of her survey of Iowa training schools and of what had been accomplished in the Division of Nursing in this its first year of existence. The Association, by voting to supplement the salary of the Director of Nursing Education, will establish the beginnings of a state headquarters and executive secretary, since space in the office of the Director will be given for a permanent file and provision made for the Director to devote some time to Association affairs. The social side of life was not forgotten by the program committee. The nurses were brought together and grew better acquainted at a banquet on the opening night at the Wakhonsa Hotel; the ex-service nurses' dinner, an annual affair, was made even more enjoyable this year by the presence of Miss Noyes; the League, Public Health and Private Duty Sections enjoyed luncheons at the close of their sessions on Thursday; in the evening, Thursday, six students from the Mercy Hospital Training School gave a comedy, "The Obstinate Family," which was very cleverly done. A dance and card party, given by the Fort Dodge physicians, followed. An automobile drive about the city on Friday afternoon, made possible by the Chamber of Commerce, furnished a delightful climax to the convention. During the drive the visitors were guests of the Mercy Hospital Auxiliary for tea at the Country Club. New officers elected are: President, Winifred Boston, Indianola; vice presidents, Grace Van Evers, Davenport, and Jane Wiley, Cedar Rapids; treasurer, Margaret Henke, Keokuk; and secretary, Maude E. Sutton, Mason City. One hundred and forty subscriptions and renewals to the *Journal* were secured. Iowa's membership has increased more than two hundred in the last year; at present it is 1,594. The Association voted \$100 per year for a period of five years to the Grading Plan Committee and recommended that the districts give \$10, or more, each year for the same period and that the alumnae associations contribute \$5, or more, for a like period. Some of the districts have already acted upon this recommendation, District Two being the first to report.

The IOWA STATE LEAGUE elected: President, A. Faith Ankeney, Des Moines; secretary, Sister Mary Thomas, Mercy Hospital, Burlington. Officers of the PRIVATE DUTY SECTION are: Chairman, Lottie Haywood, Boone; secretary, Miss Callahan. Officers of the PUBLIC HEALTH SECTION are: Chairman, Bess R. Johnson, Des Moines; secretary, Marie Nelson, Fort Dodge.

Kansas: The KANSAS LEAGUE OF NURSING EDUCATION held the annual meeting at Newton, October 8. Plans were made to hold a two days' institute in connection with the annual meeting convention of the Kansas State Nurses' Association, next year. Following officers were elected: President, Cora Miller, Newman Hospital, Emporia; vice president, Mrs. Mary K. Davis, Axtell Hospital, Newton; secretary, Mrs. Dorothy Jackson, Newman Hospital, Emporia; treasurer, Dena Gronewald, Newton Memorial Hospital, Winfield; directors, Ethel Hastings, Wesley Hospital, Wichita; Sylva Treat, Bethaney Hospital, Kansas City; Grace Umberger, Manhattan.

THE KANSAS STATE NURSES' ASSOCIATION held its sixteenth annual convention in Newton, October 6-8. The Board of Directors met at the Hotel Ripley, October 5. The Board meeting preceded the meeting of the Advisory Council, held before the general session October 6. Representatives of each of the seven districts gave reports of their activities during the past year and some gave outlines of programs for the future. At the business sessions held during the convention it was decided to continue the *Bulletin* as a quarterly publication for another year, or until otherwise ordered by the Association. Sarah Zellar of Topeka was again elected as chairman of the Publication and Press Committee and as Editor-in-chief of the *Bulletin*. The report of the Compilation Committee, appointed in 1926, was adopted, and the Association now has a permanent record which may be used as a simplified ready reference in looking up any part of the history of the association including changes in its constitution and by-laws and other important facts. A class of members to be known as Life Members was created and seven names were presented to be enrolled. A state headquarters was discussed but the report of the committee, although greatly appreciated by the members present, was laid aside for future consideration as the conditions required for establishing headquarters are not as they should be at present. Re-registration every year in Kansas was a subject for discussion at one of the meetings. Officers elected for 1927-1928 are as follows: President, Ethel L. Hastings, Wichita; vice presidents, Mrs. Dorothy Jackson, Emporia; Bertha Cissna, Wichita; secretary, Mrs. Elizabeth Dana, Coffeyville; treasurer, Sylva Treat, Kansas City; directors, 1927-1930, Cora Miller, Emporia, and Grace Umberger, Manhattan. The program as printed in the September *Journal* could not be carried out on account of the unavoidable absence of some of

the speakers. Social features and entertainment for the visitors were a banquet Thursday evening, Oct. 6, served by the ladies of the Christian Church where the sessions of the first day were held, and an auto ride on Friday afternoon, provided by the Chamber of Commerce. The drive included a visit to the final resting place of the former Honorary President of the Association, Sister Catherine Voth. The 1928 convention will be held in the Capital City, Topeka. If the recommendation of the State League of Nursing Education is followed, there may be an institute for nurses for two days following the close of the convention.

Massachusetts: The MASSACHUSETTS STATE NURSES' ASSOCIATION held its autumn meeting in Springfield, October 28 and 29. This meeting was extremely well attended and was unanimously voted one of the most successful meetings the Association has yet had. The speakers were enthusiastic, the weather was all that could be desired. The visiting nurses are loud in their praise of the cordiality and hospitality extended them by the Springfield nurses. At the opening meeting on Friday evening, a cordial welcome was given by the Mayor of Springfield, and a thought-provoking address by Dr. John M. Birnie, President of the Massachusetts Medical Association. Mabelle Blake, of Smith College, also spoke on "The Importance of Knowing the Complete Individual." This and the Saturday afternoon meetings were held in the Municipal Auditorium, which is a building perfectly appointed for such gatherings, having the addition of a marvellous pipe organ which added much to the enjoyment. On Saturday, the nurses were taken in busses to visit the Shriners' Hospital and were much impressed with the work being done there for crippled children. On Saturday afternoon, tea was served by the Springfield Academy of Medicine. Much credit is due the various committees having this affair in charge. The Public Health Section met on October 29, in the Mahogany Room of the Auditorium. There was an attendance of about 210. The chair announced the appointment of committees, one of which with Florence M. Patterson, Chairman, will consider closer relations between lay and the professional groups in Public Health Nursing; the other, Sophie Nelson, Chairman, will consider relations between the Public Health nurses and the medical profession. Dr. Henry D. Chadwick gave a very interesting lecture, illustrated with lantern slides, on "Tuberculosis in Children." The subject of "Bone Tuberculosis" was

presented by Dr. Leon D. Alley of Lakeville Sanatorium. The work with these patients was also interestingly depicted on the screen. "How May the Public Health Nurse Help in a Tuberculosis Program" was answered very conclusively by Bernice W. Billings of the Boston Tuberculosis Association.

Minnesota: The twenty-second annual convention of the Minnesota State Registered Nurses' Association was held in Minneapolis, October 10 to 14, simultaneously with the convention of the American Hospital Association. The convention opened with a meeting of the Advisory Council on Monday morning, October 10. In the absence of the president and the vice president, Leila Halverson, second vice president presided. Reports were received from fifteen of the thirty-nine alumnae associations in the state. Discussion centered on the treasurer's report, the work of the Ways and Means Committee, the distribution of *Anagrams*, the use of a uniform record book, the associate member, the delinquent member, and the transfer of membership. At the business meeting in the afternoon of October 10, reports were received from the officers, from the districts and from the standing committees. The treasurer's report showed an estimated balance to be made up on this year's budget of \$655.95 to meet which, the Ways and Means Committee has launched a sale of Christmas cards in which all of the alumnae and districts are participating. The Publication and Press Committee announced the amalgamation in October of the *Bulletin* with the *Public Health Nurse Magazine*, the new magazine is known as *The Minnesota Nurse*. The Relief Fund committee reported contributions to date of \$1455, with thirteen beneficiaries in Minnesota. The roll call by districts gave a membership as follows: Second District, 146; Third, 1026; Fourth, 702; Fifth, 91; Sixth, 339; a total of 2304 as compared with a membership of 2040 in October, 1926. Officers elected were: Irene English, Rochester, first vice president; Hulda Petry, Montevideo, third vice president; Ruth Houlton, Minneapolis, treasurer; Helen Chesley Peck, Minneapolis, director for three years. Dora M. Cornelisen was appointed general secretary for another year. So varied in scope was the program that one was constantly torn between the desire to spend all of the time visiting the three hundred and forty-five booths of the exhibit of the American Hospital Association, listening in on the papers and discussions in the meeting halls and enjoying a social cup of coffee with the nurses of Third District. About five hundred guests were served every

afternoon and the American Hospital Association is grateful for this unique entertainment, the first of its kind at any of its conventions. Groups of nurses, especially students, viewed the exhibit of the American Nurses' Association a "Panorama of Nursing" with awe and pride, and were impressed with its educational value. It was a delight to have the editor of *The American Journal of Nursing* in attendance the whole week. Although Miss Roberts was engrossed with the meetings of the Hospital Association, she found time to give counsel and friendly advice to groups in meetings, to students and to individuals. 370 Seventh Avenue seems much nearer by reason of Miss Geister's presence at the meetings. Her picture of "The Nurse in the Changing Order" impressed the private duty nurses, and registrars and officers of the associations received a new impetus from conferences with the Director at Headquarters. Keenly alert to the opportunity of hearing at first hand of the work done thus far by the Committee on the Grading of Nursing Schools, nurses thronged the meeting halls to hear the director, Dr. May Ayres Burgess. Dr. Burgess urged that nurses everywhere study the reports of the Committee as they appear in the *Journal*, that they study their own problems and difficulties, and that they keep in touch with the Grading Committee. Miss Noyes painted again the picture of "The Nurse in the Red Cross" and was the guest of honor at a delightful tea served by the Women's Auxiliary to the Hennepin County Medical Society. Registration by districts was: Second, 31; Third, 444; Fourth, 156; Fifth, 12; Sixth, 29; students, 22; guests, 31; total, 725.

Missouri: The twenty-second annual meeting of the MISSOURI STATE NURSES' ASSOCIATION was held at the Hotel Muehlebach, Kansas City, October 24-26, in connection with the Missouri State League's seventeenth annual meeting. A joint Institute was conducted during the meetings and the three days following. The Institute included Nursing Education, Public Health Nursing, and Private Duty.—Beyond a doubt the meeting and the institute were the most interesting and successful ever held in the state. The attendance was over five hundred, the weather was ideal, and the many completed new highways, crossing the state in four directions, afforded many the privilege of driving. The members of the Second District and the Local League of Nursing Education had made such complete arrangements for the comfort and entertainment of the guests, that they left with regret. Registration opened at 8

o'clock, Monday. The opening session was called to order by Anna A. Anderson, President. The invocation was by Rev. Benjamin Washburn; the address of welcome by Mrs. James A. Clancy, President Woman's City Club. Mary E. Stebbins, health extension specialist, Department of Agriculture, Missouri University, Columbia, responded. Miss Anderson in her annual address stated "Only through tenderness and sympathy, and placing of a patient's welfare above money and hours, could nurses hope to regain and hold the confidence of the public." The secretary's report showed a very busy year. The treasurer's report assured the members that the Association was in a very comfortable financial condition. Chairmen of standing committees gave detailed reports of each committee. The Journal and Relief Fund Committee reported that \$1,214 had been contributed to the American Nurses' Relief Fund. Jannett G. Flanagan, Secretary to the State Board of Nurse Examiners, stated that in the forty-three accredited schools of nursing there were over two thousand students, that 75 per cent of these were high school graduates, and that the Board was recommending shorter hours for the students and that all schools include public health, social service and dietetics in the curriculum. The Advisory Council met at luncheon with forty-one in attendance. Each of the seven districts was represented and a short talk was given by each representative. Louise Yale, chairman of the new Editorial Committee, reported the members from each district and explained that to secure desirable legislation, it is necessary to educate the public and legislators before they go to the legislative assembly. This Committee is to secure information pertaining to nursing which will be published in the *Missouri Club Woman*, the official organ of the Federation of Women's Clubs. At the afternoon session, Dr. Logan Clendenning gave a most interesting address, "Recent Progress in Internal Medicine." The last number on the program for the afternoon, "The Nursing Profession," by Mary M. Roberts, Editor American Journal of Nursing, was an inspiring address and made many of the older nurses wish they had not been born so long ago. At the close of the afternoon session the local alumnae were hostesses and served tea at their new Club House, recently purchased, 4343 Oak Street. The evening session had an address, "Nursing Schools and Child Training," by Winifred Rand, Merrill Palmer School of Detroit. Richard Sutton gave a lecture with lantern slides, "Tiger Trails in Southern Asia," which was very entertaining and restful. Tuesday morning's

session, reports from the seven districts and the central directories, was in charge of the League of Nursing Education, Irma Law, presiding. After the routine business was completed and reports received, Grace G. Grey, gave a most interesting report of the convention of the National League of Nursing Education held in San Francisco. An address on "Grading Schools of Nursing" to have been given by Laura R. Logan, Chicago, who was unable to be present, was most graciously delivered by Mary M. Roberts. At noon a Red Cross luncheon was held; Margaret McKinley, Chairman of the State Committee, presided. The afternoon session was in charge of the Private Duty Section, Fern Kildoo, Chairman, presiding. Dr. Harry C. Berger, gave an intensely interesting paper "Pediatrics," followed by "Nursing Care of Pediatrics," by Frances McKinney. A vastly interesting paper, "Current Events," citing the criticism brought upon the profession by the Smith baby and the Stella Atchison cases, was given by Florence Evans. The Student Nurses of Research Hospital, were hostesses at tea at their beautiful new home, a gift to the hospital by a generous citizen. A group of the students gave a one-act operetta, "Lady Frances." At 7 p. m., the ball room had been converted into a banquet hall and between two and three hundred nurses and friends were the guests of the Second District; Louise P. Yale, presided. Marion J. Faber, Assistant Administrator of the Illinois Training School for Nurses, gave the principal address of the evening, "The Nurse as a Citizen." Wednesday morning's business session was followed by the Public Health Section; Minnie J. Strobel, presiding. Dr. Caroline Hedger, of Chicago, gave a most illuminating address, "Positive Health." Mary Tennant, Metropolitan Life Insurance Company, was to have had a place on the morning program, but had prevailed on Janet M. Geister, of the American Nurses' Association, to stop for a short time between trains and fill her place on the program. This was an unexpected pleasure to the members and all enjoyed Miss Geister to the fullest. There were sectional luncheons, the student nurses drawing Miss Roberts of the *Journal* for their speaker and declaring they had the best program. At the afternoon meeting, Miss Anderson introduced the following officers as elected: President, Anna A. Anderson, Kansas City; vice presidents, Mary A. Stephenson, St. Louis, Anna Bell Murphy, Platt River; secretary, Florence G. Peterson, Kansas City; treasurer, Bertha Love, St. Louis. Rose Ehrenfeld, Midwestern Branch of the American Red Cross, gave an extensive report

of disaster relief nursing during the past year. Edith Robinson, Kansas City, gave a very interesting report of her personal experiences in the flood areas, as did Emma Wheeler of Flatt River. Tea was served at the New Home of Children's Mercy Hospital, Students and Alumnae being hostesses. At 6.30, a large group of the ex-service nurses met at dinner, Eleanor Keely, of Columbia, presiding. Several short talks were given and the time slipped by too quickly. At 8.30 p. m. another feast was in store; an address by Dr. Hedger, "Health for Nurses," was enjoyed by a large audience. Following the announcement of Springfield as the 1928 meeting place, the meeting was declared adjourned. At one of the business sessions a scholarship was voted to the State Federation of Women's Clubs, to be named for the late Mrs. Fannie E. Smith, who established the Chair of Nursing at the Missouri University, Columbia, and also served as the first secretary to the State Board of Nurse Examiners from the time the Board was organized till her death.

A very instructive and enjoyable INSTITUTE was held in conjunction with the Annual Convention of the Missouri State Nurses' Association and the Missouri League of Nursing Education. Much credit is due to Esther Dersch for her untiring efforts which made the program such an unqualified success. At the annual election of officers of the Missouri League of Nursing Education, but one new member of the Executive Board was elected, that being Esther Dersch of Kansas City. The vice president, Claribel A. Wheeler, of St. Louis, and the treasurer, Janet C. Bopd, of St. Louis, were reelected.

Nebraska: The following are the officers of the NEBRASKA STATE LEAGUE OF NURSING EDUCATION as elected at the State Meeting on Oct. 26: President, Homer C. Harris, Omaha; vice president, Arta Lewis, Hastings; treasurer, Leeta Holdrege, Omaha; secretary, Helen Ruak, Omaha; Director for three years, Vida R. Nevison, Omaha; director for two years; Myrtle Dean, Lincoln. The following is the program of the League Convention held at the Lincoln Hotel, Lincoln, on October 26: "Teaching Ethics in Schools of Nursing," Harvey L. Freeland, Lincoln; "Evaluating School Nursing Credits toward a B.S. Degree," Dr. Hattie Plum Williams; "Advantages and Disadvantages of the Standardization of Nursing Technic," S. Lillian Clayton. The following officers were elected at the NEBRASKA STATE NURSES' ASSOCIATION meeting, held in Lincoln, October 24-26: President, Florence McCabe, Omaha; secretary, Mary E. O'Neill, Omaha.

New Jersey: The twentieth semi-annual meeting of the NEW JERSEY STATE NURSES' ASSOCIATION, and the eleventh fall meeting of the NEW JERSEY LEAGUE OF NURSING EDUCATION was held at the Young Women's Christian Association, Plainfield, November 4. The program was as follows: 10 a. m., Business session, Anne E. Rece presiding. The invocation was given by Rev. Philip S. Watters; the address of welcome by Mrs. E. A. Quarles; response, Blanche Emily Eldon; reports of officers and committees and the address of the President. Miss Creech, General Secretary of the State Nurses' Association, reported that the latest news from the districts in the state—which were not yet complete—indicate a large increase in membership. Since the annual meeting last April, five new alumnae associations have been accepted in their respective districts and two reinstated. A large increase in attendance at the regular meetings of some of the districts was also reported. These districts have had the good fortune to have Miss Roberts and Miss Clapp as speakers at some of their meetings. At the business meeting of the State Association, a contribution of \$500 toward the financing of the Grading Committee was approved, as was a budget for the State Association for 1928 which will make it possible to continue Headquarters. In spite of rain, the meeting was well attended, and there was a fine spirit of interest present. Edith J. L. Clapp, Field Secretary of the A. N. A., represented National Headquarters. A very delightful feature of the day was a luncheon at Muhlenberg Hospital, given by Marie Louis, Superintendent, to the Board of Directors of the State Association and guests. The afternoon program was one of unusual interest. Dr. Edward J. Krans of Plainfield, speaking on "The Birth of the Scientific Spirit," soared high in the realms of ideals and efficiency, paying tribute, not only to the scientists whose names have been linked with their discoveries throughout the ages, but to the obscure assistants who, standing in the background, have, in many instances, supplied the missing link in the long chain of discovery. Dr. Krans, in a most affectionate and praiseworthy manner, included our own patron saint, Florence Nightingale, among the discoverers in the scientific world. Mary M. Roberts followed Dr. Krans, her topic being "Nursing as an Adolescent Profession." New Jersey nurses always look forward to Miss Roberts' visits with affection and expectancy, knowing full well that she will bring food for thought and inspiration and encouragement for the tasks before them. Susan C. Francis brought a most interesting and instructive

report of the Interim Conference of the I. C. N., held last spring in Geneva. Another delightful feature of the afternoon program was the very excellent report of the League Convention given by Jessie M. Murdoch, President of the New Jersey League of Nursing Education. In the absence of Mrs. Belle Wagner, Red Cross Field Secretary of New Jersey, members were most fortunate in having Florence Johnson of New York, who is so well known to all, bring the message from the Red Cross Nursing Service. The joint banquet on Friday evening, under the auspices of the State Organization for Public Health Nursing, was well attended and altogether enjoyable. Anna A. Ewing, President of the State Organization for Public Health Nursing, presided. The banquet speaker was Mrs. Harriman N. Simmons, former president of the New Jersey League of Women Voters, whose topic was "Citizenship."

New York: The twenty-sixth annual meeting of the New York State Nurses' Association was held in Rochester, October 25-27. About eight hundred nurses were registered and at some of the meetings there were more than a thousand in attendance. The program, listed in the October *Journal* proved of unusual interest. Dr. Rush Rhees, President of the University of Rochester was most generous in his welcome of the New York State Nurses. The response was most delightfully given by Miss Nutting. Several outstanding features were in evidence at this meeting. There was a joint meeting of the Directors of the New York State Nurses' Association, the New York State League of Nursing Education and the New York State Public Health Nurses' Association, to determine a plan for headquarters office so that there will be no duplication of effort and that best use may be made of facilities at hand. This resulted in the forming of a new Common Activities Committee to be made up of two representatives from the League, the Public Health Nurses' Association and three from the State Association. Their first duties are to decide upon a successor to the office of Executive Secretary to succeed Mrs. Mae Woughter Strack and to outline a plan for further development of the work. The second important event was a special luncheon followed by a very well attended meeting of the Boards of Trustees and Schools of Nursing. This was held at their request and resulted in a very beneficial discussion of their mutual problems. The third important session was that on Official Registries of which Miss Sinsebox was chairman. The very frank discussion of the benefits of an official registry to the nurse, physician,

patient and hospital showed great progress in this particular field. A round table on Hourly Nursing of which Lillian Hudson was Chairman followed the discussion on Official Registries. Another outstanding feature was the student luncheon of which Gertrude Strong Bates was chairman. The subject, "Extra-curricular Activities in Schools of Nursing," proved very interesting. Representatives were present from many schools of nursing and each spoke briefly of their opportunities for extra-curricular activities. It was interesting and a bit pathetic to find that only three schools had student government. This also is the first anniversary of the opening of headquarters office. The report of the Executive Secretary, Mrs. Strack, showed considerable development in organization. This was supplemented by special charts and slides showing the work of each district and concluding with definite recommendations for further work. Harriet Bailey, secretary of the State Board of Nurse Examiners also gave a helpful report, supplemented by slides. Dr. George Baehr followed his talk on Diabetes with a statement that should be of great interest to nurses. Dr. Baehr feels that with their unusual background there should be many more nurses in the field of dietetics and medical social science. This is surely food for thought in regard to future opportunities for students of nursing. Another very scientific and spirited report was given by Dr. Konrad Birkhaug on Erysipelas. Dr. Birkhaug told in detail the recent scientific research made in the effort to stop this dreaded disease. He compared their patient earnest work in the laboratories with that of the nurse. Officers elected are: President, Mrs. Genevieve Clifford, Ithaca; vice presidents, Lydia W. Anderson, and Georgia A. Morrison; secretary, Lena Krans, Utica; treasurer, Louise R. Sherwood, Syracuse; directors, Alice V. Newton, Ithaca, and Marion Durell, New York. Caroline Garnsey has been appointed to the position of Field Secretary of the New York State Nurses' Association, the appointment effective December 1. She succeeds Mrs. Mae Woughter Strack.

At the annual meeting of the NEW YORK LEAGUE OF NURSING EDUCATION held at Rochester on October 25, the following officers were elected: (Helen Wood, Rochester; and Minnie H. Jordan, New York City, retain their offices as President and Treasurer for the coming year); vice president, Helen Young, New York; secretary, Marion Durell, New York; Chairman of Committee on Education and Publicity, Elsie Maurer, New York; Chairman of Committee on Credentials, Edith

Atkin, Amsterdam; Chairman of Committee on Nominations, Grace Reid, Rochester; Chairman of Committee on Program, Lillian Douglas, Rochester. The next annual meeting will be held in Brooklyn, October 23, 1928.

North Dakota: The eighth annual convention of the NORTH DAKOTA STATE LEAGUE OF NURSING EDUCATION was held in Devils Lake, October 17. After the regular business meeting, Mathilda Paul, Trinity Hospital, Minot, presented the subject of "Case Studies." In discussing the value of these records Miss Paul showed that they brought about a better correlation of ward experience and lecture work, and of one subject with another, that they help the students plan nursing care adapted to the individual needs of the patients thereby improving the actual nursing care. A record kept by a student under Miss Paul's supervision was displayed. A paper on "Extra-curricular Activities" was given by Evelyn Fox, Trinity Hospital, Minot. This paper stated that the right type of activities will develop in the student those qualities which her professional instruction leaves practically untouched, and create in her, high social ideals. Activities carried on in the school represented by Miss Fox were mentioned. Professional—Class Organization, Student Council, Palmer Study Club (studies *American Journal of Nursing*). Religious—Mission Society. Arts—Chorus, Music contest during National Music Week. Social—Parties, Birthday-dinner each month for students whose birthdays fall in that month, Christmas festivities. All students are urged to take part in these activities but supervision by a staff member was said to be necessary. The afternoon was given over to the adopting of the revised constitution and by-laws and the election of officers. There was good attendance and plans were discussed for an institute to be held in conjunction with the 1928 convention. Officers elected are: President, Mildred Isakson, San Haven; secretary, J. Evelyn Fox, Minot.

At the meeting of the NORTH DAKOTA STATE NURSES' ASSOCIATION, held at Devils Lake, Oct. 17-19, the following officers were elected: President, J. Evelyn Fox, Minot; first vice president, Alma Gorder, Rugby; secretary-treasurer, Mrs. Neal Williams, Fargo; corresponding secretary, A. Louise Kinney, Fargo. The meeting was fairly well attended. Janet Geister from the A. N. A. office was the principal speaker of the convention and was a source of much inspiration to all who were fortunate in hearing her. Marie T. Phelan from the Children's Bureau, Washington,

D. C., also attended the convention. Members felt very fortunate in having these two women present. A special feature was made of the Nurses' Relief Fund and though the attendance was not large, \$46.50 was contributed. A formerly very active member of the State Nurses' Association, Mrs. Ethel Stanford Miles, recently died and it was decided to ask the various Alumnae Associations to contribute \$10 each and secure individual contributions from members of the Associations, in order to set up a memorial to Mrs. Miles. The first \$100 will be sent to China as our contribution to the Nurses' Building there and Mrs. Miles' name placed on the tablet. Any sum over the hundred dollars will be set aside as a trust fund for the small son of Mrs. Miles. The next meeting will be held at Grand Forks.

Oklahoma: The nineteenth annual convention of the OKLAHOMA STATE NURSES' ASSOCIATION was held at Muskogee, October 26-28, with one hundred and fifteen registered. The board of Directors met at 8 a. m., October 26, and the following recommendations were passed: First, That the Jane Delano Memorial plan be left for the committee to decide as they thought best, but the room that was mentioned was most pleasing to all; second, That a uniform application blank be adopted by the State to be used by all districts; third, That a committee be appointed to study the re-districting of the state. All recommendations were later approved by the Association. The general session was called to order by the President, Anna Picklum. The invocation was by Rev. Hugh Kelsø; address of welcome by Mayor Paul C. Williams; response by the President. At 10 the Nursing League, the Public Health and Private Duty Sections held their business sessions. At noon the doctors came with their cars and all were taken to the Country Club, where a delightful lunch was served and a musical program given. At 2 p. m. a joint session of the Nursing League and Public Health Section was held. Dr. D. T. Bowden, gave a very interesting talk on "The Place of the Public Health Nurse in the Work of the County Unit." "What an Educational Secretary Can Do for the Profession," by Louise Deitrich, Educational Secretary of Texas, was right to the point and it is hoped to have Oklahoma in line for a Secretary before long. At 9 a. m., Thursday, a business session was held and the reports from the districts were very encouraging as were the reports of the Secretary of the State Examining Board. It was voted to support the Nursing League in the sale of calendars.

Janet M. Geister was asked to talk on the Grading Plan and every one had a better idea of the work after her talk. At 2 p. m. Mrs. Carlos Coffee gave a very wonderful talk on "The Nurse as a Missionary." Members then had the treat of the meeting in a talk on "The Nurse and the Changing Order," by Janet Geister. Judge Guy F. Nelson talked on Ethical Principles. At 8 a. m. Friday, eighteen Red Cross Nurses assembled in the dining room of the Severs Hotel for breakfast. At 9 a. m. "The Responsibility of the Red Cross Nurse" was given by Etta Gowdy, Field Secretary of Midwest Division American Red Cross. "First Steps in Saving Native Americans" was given by Jessie Gillam, who is working among the Indians in connection with the Bureau of Maternity and Infancy, State Department of Health. The report of tellers announced as President: Grace Irwin of Clinton; and Mrs. Marjorie W. Morrison reflected as Secretary-treasurer. Miss Geister was called upon to help in all questions that were discussed and she was a great aid to the Association in every way. On Thursday evening, the nurses of District No. 3 entertained with a banquet at the hotel. As it was near Hallowe'en it was made a celebration for that date. Miss Geister and Miss Dietrich were the principal speakers. At the close of the Friday session, the Chamber of Commerce gave a ride to the Veterans' Hospital, after which tea was served at the Baptist Hospital. Next year the meeting will be held in Clinton.

Oregon: State Headquarters and the Official Registry have been moved to 403 Mayer Building, 432 Morrison Street, Portland, from 673 Johnson Street, where they have been since they were established in 1923. The new suite that the nurses have taken over will be the headquarters for the Oregon State Graduate Nurses' Association, comprising the Oregon League of Nursing Education, Oregon Organisation for Public Health Nursing, and headquarters for the Oregon State Board of Examiners and Registration of Nurses, with Frances McLane Platts, as Registrar.

Pennsylvania: The GRADUATE NURSES' ASSOCIATION OF PENNSYLVANIA met in joint session with the PENNSYLVANIA LEAGUE OF NURSING EDUCATION and the PENNSYLVANIA ORGANIZATION FOR PUBLIC HEALTH NURSING, for its twenty-fifth annual convention, at the Lawrence Hotel, Erie, October 24. Nurses began arriving on Saturday morning in order to establish headquarters for their districts and attend the Advisory Council Meeting, Board Meeting and various committee meetings, as well as the business session of the

Graduate Nurses' Association, which opened Monday morning with a breakfast Board Meeting at 7.30 a. m. The formal opening occurred on Monday evening at 8 p. m., with Helen F. Greaney, President, Graduate Nurses' Association presiding. The invocation was given by the Right Reverend J. Mark Gannon, D.D., D.C.L. Owing to the complication of train service between Erie and Columbus, Ohio, the speakers gave Judge Florence Allen, Judge of the Supreme Court of Ohio, the preference and she gave a very eloquent and inspiring address entitled "Our Heritage." Hon. Joseph Williams, Mayor of Erie, then welcomed the nurses to the city. Dr. Ford Eastman, President, Erie County Medical Society, extended greetings on behalf of the Medical Society, in a fanciful address on the "Value of Our Dreams and Smiles." Addresses were also made by Mrs. Marie C. Eden, President of the League, and Esther R. Entriiken, President of the Organization for Public Health Nursing. Mrs. E. S. H. McCauley, Secretary of the State Department of Welfare, identifying herself as a graduate nurse, spoke on the "Importance of Nursing Education." Tuesday was given up to the Private Duty Section, Edna Wagner, Chairman. Beside the business meetings there was a round table on "Private Duty Problems" and one on "Official Directories." A resolution was passed to have a committee formed to outline a form of organization for official directories for all District Associations of the State, the Chairman of the Committee to be the Chairman of the Private Duty Section. The afternoon session ended with a delightful automobile ride over the famous Peninsula Road, and tea at the Hamot Hospital. Dr. C. W. Petty, Rector of the First Baptist Church of Pittsburgh, was the speaker of the evening and he delivered a very interesting address which interpreted the Golden Rule in a very humorous manner. The following officers were elected for the Private Duty Section: Chairman, Edna Wagner; vice chairman, Mrs. Sloan; Ida Lockett, secretary. Wednesday was a particularly eventful day, first because it was League Day, and second because of the Red Cross luncheon and anniversary banquet. The day opened with a breakfast Board meeting, with Mrs. Marie C. Eden, presiding, then the business meeting with the report of the various committees and the report of the Educational Adviser of the Board of Examiners. There was also a round table on "The Teaching of Sciences in the Small Hospital Training Schools," and a Red Cross Luncheon, with Anna L. Rogers, Chairman State Committee, presiding. Clara

D. Noyes was present and spoke on "The Red Cross and the Nurse." Two hundred and fifty nurses had assembled at the luncheon and a number of lay people came in later to hear Miss Noyes speak. In the afternoon session of the League, the "Health of the Student Nurse" was presented by Marian Rottman, Superintendent of Nurses, Bellevue and Allied Hospitals, New York City. Annie E. Grass presented a paper on "The Method of Keeping Case Records." The following officers and directors of the League were elected: President, Mrs. M. C. Eden; first vice president, Mary B. Miller; secretary, Anna L. Meier; treasurer, Emma C. Smith; directors, Jennie Manley, Helen Pratt, Margaret Dunlop. The gala night of the whole convention was the banquet in honor of the twenty-fifth annual convention of the Graduate Nurses' Association of Pennsylvania. The following past Presidents had been invited by the Organization: Anna Brobson, M. Margaret Whitaker, Roberta M. West, Ida F. Giles, Susan C. Francis, Margaret A. Dunlop, Jessie J. Turnbull. All responded with the exception of the second President, M. Margaret Whitaker, who was unable, on account of ill health, to be present but sent a telegram of regrets and her greeting. The chairman of the program and arrangements had kept more or less a secret, the entertainment for the evening. When the banquet hall doors were opened a beautiful sight greeted the guests. The decorations, which were presented by Mrs. Charles Hamot Strong, of Erie, were white roses, chrysanthemums and carnations, interwoven with silver and green. At each place was a song sheet of blue, a silver basket of candy, individual candle sticks containing a blue candle, and a Nurses' White Cap. Elizabeth Miller, acted as toastmistress. She introduced Helen Greaney, president of the Graduate Nurses' Association, who in turn presented Anna Brobson, the first President, who gave a very interesting account of the early meetings of the organization; among the interesting things she told was that during one of the early conventions, held at Scranton, the Mayor of the City presented to the Association a little gold key, on a chain—the key to the City. This had been given Miss Brobson by the Association at that time and she presented this little key and chain to Miss Greaney and said she felt this should belong to the Association and should be worn by each President while in office. The program was interspersed by songs, the words of which had been written for the occasion. While the dessert was being served the room was suddenly darkened and a messenger bore toward the President's table

a birthday cake, with 25 glowing candles. The individual candles at each place were also lighted, as well as the cluster at each end of the table. It was indeed an impressive and gorgeous sight. The cake was cut by the first President, Miss Brobson. Three hundred and fifty nurses attended the banquet, which was a very happy and memorable occasion. Following a very appealing report of the chairman of the Nurses' Relief Fund Committee, Margaret Montgomery, it was decided by the delegates to make individual contributions and present this money to the Association as the nucleus of an emergency fund, to be used for the relief of sick nurses in Pennsylvania. Over \$200 was given by the delegates and presented to the Association by Mrs. Elsie B. Shaw, President of District 8. This is to be known as the "Silver Jubilee Fund." Helen J. Sheffit, second-year student at the Pennsylvania Hospital School of Nursing, Philadelphia, won the prize offered by the Association for a design for the cover of their souvenir program. The prize entitled Miss Sheffit to attend the State Convention as a guest of the Association. Thursday was Public Health Day. There was a short business session with Esther R. Entriken, presiding, followed by an interesting program. The first subject presented was "Rural Nursing," by Annabel Petersen, Assistant Director Public Health Nursing, American National Red Cross, and Laura A. Gamble, Director of Bureau of Public Health Nursing, Catteraugus County Health Demonstration. These papers were discussed by Helen Mar Erskine, Nursing Field Representative, American Red Cross of Western Pennsylvania. A most interesting paper on School Health was read by Louise W. Johnson, of York, and was discussed by Ethel Roe, of Chester and Bertha Beyer, Punxsutawney. The Lay Section of the Pennsylvania Organization for Public Health Nursing had a very delightful Lay Luncheon meeting, Mrs. George R. Metcalf, presiding. The first speaker was Mrs. Alberta Regester, on "Relationship of the National Organization for Public Health Nursing to Individual Nursing Organizations"; the second speaker was Mrs. Anne L. Hansen, President, National Organization for Public Health Nursing, on "Aims and Objectives of Boards of Visiting Nurse Associations." There was also a luncheon for supervisors at which Miss Katherine Tucker, Philadelphia, gave a very able address on "General Principles of Supervision." This subject was discussed by Judith Logan, Martha Langley, and W. Emma Scheideman, Mrs. George R. Metcalf presided during the

afternoon session. A very thoughtful paper was given by Mrs. Ralph Ammerman, on "How Should a Board Function in a Community." Charlotte M. Carr spoke on "The Nurse in Industry." This paper was discussed by Julia Weder. Mrs. Anne L. Hansen gave a very fine paper on the "National Organization for Public Health Nursing and its Standards." The evening session was very interesting, with Dr. Theodore Appel, Secretary, State Department of Health, presiding. Dr. William B. Stroud, Philadelphia, gave a delightful and instructive illustrated talk on "Heart Disease in Relation to Public Health." The following officers were elected for the Pennsylvania Organization for Public Health Nursing: President, Helen Mar Erskine; vice president, Leslie Wentzel; secretary, Esther R. Entriken; treasurer, Mrs. J. Pryor Williamson; nurse director, Helen V. Stevens; lay director, Mrs. Mortimer Fuller. An Institute was conducted under the auspices of the League of Nursing Education from October 27-29. The closing session of the Graduate Nurses' Association occurred on October 28. During this session a number of important subjects came up for discussion, among them the amendments to the by-laws. One of the important amendments was the changing of the date of the convention—leaving this to the decision of the Board of Directors of the Graduate Nurses' Association. The following officers were elected: President, Helen F. Greaney; vice presidents, Esther J. Tinsley, Helene S. Herrmann; secretary-treasurer, Mrs. Adelaide W. Pfomm; directors, Elizabeth Leece, and Sister Mary Rose.

Tennessee: (Additional report.) The annual convention of the TENNESSEE STATE NURSES' ASSOCIATION was opened by an invocation by Dr. McCallie; address of welcome, Major Ed Bass; response, Mrs. I. Bolton; president's address, Abbie Roberts. The reports from the District presidents showed very gratifying activities during the past year, evidence of growth and awareness of the problems facing them. On Monday afternoon the public health nurses held open session, Evelyn Chase, Nashville, presiding. Bess Simms of Memphis talked very interestingly on industrial nursing, while Emma Dickson of Chattanooga talked of "Efficiency in School Nursing." Cora Cripe, Peabody College, Nashville, discussed the "Public Health Nurse as an Educator," presenting with clearness and emphasis the need of recognition of the importance of this phase of public health work. Olive E. Meyer, Murfreesboro had for her topic "Evaluating the

Work of the Rural Public Health Nurse." Elizabeth Tennant, Superintendent of Metropolitan Nursing Service, Kansas City, Mo., told of the importance of "Educating for Longer Life," and steps being taken to that end. Beatrice Short of the National Organization for Public Health Nursing brought greetings from the A. N. A. and N. O. P. H. N. to Tennessee nurses. At 3 p. m. the Private Duty Section held open session with a very constructive program, Naomi Blouin, presiding. Miss Shelby, Memphis, talked on the "Present Outlook of Private Duty Nursing." Ruth White, Knoxville, talked on "Why Private Duty Nurses Need Organization." Dixie Sample, Memphis, discussed the Harmon Foundation Plan very ably. Methods of "Facing the Future with Financial Preparedness" were presented splendidly by Mrs. Nicholson, Memphis, and called forth spirited discussion from Mrs. Lena Warner, Knoxville, and Jane Van De Vrede, Atlanta, Ga. The banquet at the Reed House, Monday evening, was a gorgeous affair. Elizabeth Nesbit, acted as toastmistress, keeping the room in a gale of good fellowship and interest. Zella Armstrong, Editor of *Outlook*, Chattanooga, told of nurses as she knew them in a sprightly manner. The Tuesday morning meeting was opened by the Student Nurse Section, Rosalie Holcomb, Erlanger Hospital, presiding. Three student nurses presented papers that aroused much interest because of the freshness and soundness of the views expressed. Miss Van De Vrede commented on the advance in the nursing outlook shown by the fact that students could creditably take part in a State program. Georgia Holmes, Memphis, gave a comprehensive report of National League Conventions, California, emphasizing the work of the Committee for Grading Schools of Nursing. Dr. V. B. Howard, president of the Examining Board of Tennessee, presented "State Board Examinations, Their Defects, and How They Can Be Improved," which was followed by understanding discussion. Miss Van De Vrede opened the Tuesday afternoon session with a splendid talk on "Nursing as an Essential Community Service." The convention closed with the election of officers and closing business. Officers elected as follows: President, Mrs. Corrine Hunn, Memphis; vice presidents, Montes Wayne, Knoxville, Frances Stevens, Chattanooga; secretary, Catherine Flynn, Knoxville; treasurer, Dixie Sample, Memphis; Chairman of Committees are: Ways and Means, Phyllis Higgenbotham; Publicity, Hazel Lee Goff, Knoxville; Revision, Elsie Russ, Nashville; Nominating, Mrs. Ferree,

Chattanooga; National Relief, Mabel Norman, Chattanooga.

Following the closing all motored to Pine Breeze Tuberculosis Sanatorium, Chattanooga, where tea was served. Other delightful drives were enjoyed between sessions to historic points in the beautiful country around Chattanooga. Tennessee nurses feel that a very constructive convention was held which will have influence in the progress of nursing standards.

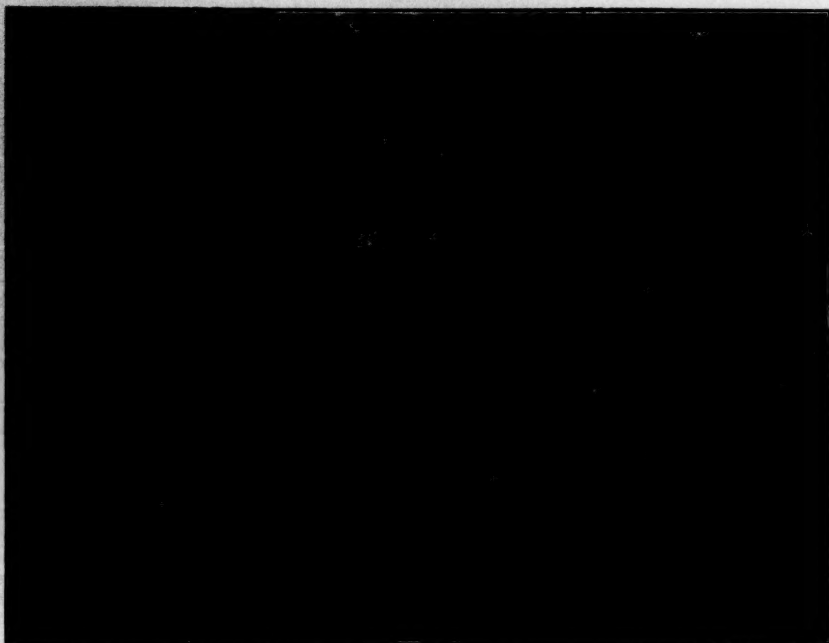
Vermont: The VERMONT STATE NURSES' ASSOCIATION held its fall meeting in St. Johnsbury, October 14, with an attendance of forty. The directors held a luncheon meeting and were then taken to see the Brightlook Hospital and the St. Johnsbury Hospital. The business meeting was held in the Museum with Lillie Young presiding. Chairmen for the three districts of the state were announced: Mrs. Harry Clark of St. Johnsbury, Hazel Barry of Burlington and Mrs. David Barber of Rutland. Following the meeting, a Red Cross round table was held. At the evening meeting the speaker was Rev. George H. Phillips on "The Golden Rule or the Rule of Gold." The annual meeting will be held in May in Burlington.

Washington: The officers of the WASHINGTON STATE LEAGUE OF NURSING EDUCATION, elected at the last annual meeting are: President, Catherine Jones, Seattle; vice president, Johanna Burns, Spokane; secretary, Henrietta M. Adams, Everett; treasurer, Edna Sluskin, Seattle; directors, Evelyn Hall, Seattle, May Loomis, Seattle, Mrs. Cecil T. Spry, Tacoma.

West Virginia: The twenty-first annual meeting of the WEST VIRGINIA STATE NURSES' ASSOCIATION was held at the McLure Hotel, Wheeling, September 22-24. The meetings were called to order by the president, and a number of excellent addresses and papers were given. The members were very fortunate in having with them Janet M. Geister, Director at Headquarters, American Nurses' Association, Blanche Pfefferkorn, Executive Secretary, National League of Nursing Education, Abbie Roberts, George Peabody College for Teachers, Nashville, Tenn.; Miriam Birdseye, Extension Department, United States Department of Agriculture. Miss Birdseye stated that it was the first time, in so far as she knew, that a group of nurses and home demonstration agents had met to discuss their common problems. Each of the contributors had a wonderful message, and in due time it is hoped to have a report of the meeting in the hands of each member. At a recent meeting of the Board

of Directors, it was decided to enlarge the quarterly bulletin, the *Weather Vane*, and it is hoped with the coming of the New Year to have the first issue ready for distribution. However, the next number of the *Weather Vane* will be issued shortly. The officers for the coming year are as follows: President, Luella L. Ross, Wheeling (Warwood); vice presidents, May Maloney, Fairmont, Madge Duncan, Clarksburg; secretary-treasurer, W. Louise Koehert, Mannington.

Wisconsin: The eighteenth meeting of the STATE NURSES' ASSOCIATION, the twelfth meeting of the STATE LEAGUE OF NURSING EDUCATION and the semi-annual meeting of the ORGANIZATION FOR PUBLIC HEALTH NURSING were held at the Hotel Astor, Milwaukee, October 10, 11, 12. The first morning was given to reports from officers, districts and Private Duty Section, Cornelia van Kooy, President, in the chair. A luncheon was given in honor of Janet Geister, at noon, at which time the gavel was presented by Grace Crafts, President of the Third District to Mary Orbison, President of the Sixth District. This presentation is an annual event, the gavel being given to the district having the greatest percentage gain. It is found to be a great stimulus to the membership. Martha Wunner, chairman of the Private Duty Section presided at the afternoon session. Janet Geister, Director at Headquarters, addressed the meeting, a treat all Wisconsin nurses have been looking forward to ever since she appeared upon the program of the Atlantic City Meeting. On Tuesday morning, Mrs. Geo. Ernst, chairman of the State Committee on Red Cross Nursing, introduced Clara D. Noyes who gave one of her inspiring talks. At noon a luncheon was served in honor of Miss Noyes and Miss Allen. The Fourth and Fifth District Nurses entertained both afternoons at the Wisconsin Nurses' Club. Jane Allen, Director of the National Organization for Public Health Nursing spoke at the Public Health meeting, Tuesday afternoon, Ruth Kahl presiding. Rena Haig, Assistant Director of the Home Hygiene and Care of the Sick of the American Red Cross, spoke of the value of the course in the Public Health program. The registration numbered 460. The following officers were elected: President, Grace Crafts, Madison; vice presidents, Clara Lewis, Eau Claire, Cornelia van Kooy, Madison; secretary, Mrs. C. D. Partridge, Cudahy; treasurer, Helen O'Neil, Milwaukee. The Private Duty Section elected: Chairman, Agnes Reid, LaCrosse; vice chairman, Beatrice Severson, Madison;



LIBRARY, NEW NURSES' RESIDENCE, RESEARCH HOSPITAL, KANSAS CITY, MO.

secretary, Clara Zeitler, Milwaukee. The meetings closed with a banquet at which Professor Hart of the University of Wisconsin was the speaker.

The annual meeting of the WISCONSIN LEAGUE OF NURSING EDUCATION was held in Milwaukee, October 12, with the following program: Morning Session: Report of the, Bureau of Nursing Education, Adda Eldredge, Director; "High Lights from San Francisco Convention," Stella Ackley; Display of school announcements and bulletins; "The Use of the *American Journal of Nursing* in the Schools of Nursing," Gail Fauerbach, Central School of Nursing, Milwaukee. Afternoon Session: Address, Annie W. Goodrich, Dean of the Yale School of Nursing, "Signs of Progress in Some of the Wisconsin Schools of Nursing," C. Jeanette Oswald, Olive Graham, Sister Emma Lerch, Delia Newton. The following were elected for the two-year term, 1927-29: Vice president, Helen Denne, Madison; secretary, Gail Fauerbach, Central School of Nursing, Milwaukee Vocational School, Milwaukee; directors, Rose Newman, Mt. Sinai Hospital, Milwaukee, Sigrid Esval, Luther Hospital, Eau Claire.

District and Alumnae News

California: San Francisco.—The NORTH-EARN LOCAL LEAGUE OF NURSING EDUCATION held its October meeting at the San Francisco Nurses' Club, with fifty-seven members and visitors present. Dr. Helen Marshall of Stanford University gave an interesting talk on "Mental Tests," and Maude Landis, Director of the Stanford School of Nursing, led a spirited discussion which brought out good reasons for carrying out tests in schools of nursing. The League passed a resolution of congratulation to Alameda County Nurses' Association on their gift to the University of California of their Club House Fund which will amount to about \$25,000. The Student Vocational Conferences, held on both sides of the Bay, have been completed, and have been particularly well attended. The subjects discussed by various leaders in each subject were as follows: "Private Duty Nursing and the Registries," "Advanced Courses," "University Courses," "Public Health and Visiting Nursing," "Child Welfare and School Nursing," "Federal Nursing Services," "The Red Cross," "Nursing Organizations," "Pub-

lications and Registration," "Nursing in China," "Industrial Nursing."

Delaware: Wilmington.—The DELAWARE HOSPITAL ALUMNAE ASSOCIATION held its annual meeting, October 11, and elected: President, Evelyn B. Hays; vice president, Mildred Abbott; secretary, Mrs. Esther W. Petticord, assistant, Mrs. Eleanor G. Clauser; treasurer, Arva Marvel.

Georgia: Augusta.—SECOND DISTRICT officers are: President, Mrs. Joseph Akerman; vice president, Gene Grenaker; secretary, Susie Greene; treasurer, Margaret Dorn. Chairman of committees are: Credential, Daisy Mums; Program, Vivian Kay; Registry, Carrie O'Banion; Publicity, E. Alma Brown; Nominating, Harriet White; Nurses' Relief Fund, Louis Tommins. **Milledgeville.**—The THIRD DISTRICT NURSES' ASSOCIATION held its annual meeting October 1, in Brantley Hall, State Sanitarium. The yearly reports of the officers showed the District had been very active during the year. The membership was more than doubled. The following officers were elected for the year beginning October 8: President, Mrs. Mae M. Jones; vice presidents, Cheevie Moore, Gladys Kitchens; secretary, Johnnie Robinson; treasurer, Elizabeth Dominey.

Illinois: Chicago.—Mabel Haggman of Flint, Michigan, has been appointed Superintendent of Nurses at Augustana Hospital. Bertha Wilson of Oregon has been made Assistant Superintendent of Nurses at the Illinois Training School.

Indiana: Indianapolis.—The annual meeting and election of officers of the FOURTH DISTRICT was held at the Hotel Lincoln, November 8. Anise Harper was reelected president. INDIANAPOLIS CITY HOSPITAL ALUMNAE held their annual meeting in the Alumnae Room of the Nurses' Home on November 12. Mabel S. Huggins was elected president.

Iowa: St. Luke's Hospital is to have a new Nurses' Home, to be called French Hall, the gift of Col. and Mrs. G. Watson French.

Massachusetts: Boston.—The fifty-fourth semi-annual business meeting of the Nurses' Alumnae Association of the Children's Hospital was held October 10 at the Nurses' Home with forty-four members present. The following officers were elected: President, Mrs. Dorothy Foster Stewart; vice president, Katherine Hitchcock; secretary, Virginia J. W. Haw; treasurer, Gertrude E. Maloney. **Brighton.**—The annual meeting of St.

ELIZABETH'S HOSPITAL NURSES' ALUMNAE was held at the Nurses' Home, September 15. A pledge of \$5 a year for five years was made to the work of the Grading Committee.

Missouri: St. Louis.—The ST. LOUIS BAPTIST HOSPITAL ALUMNAE elected the following officers at the October meeting: President, Marie Louise Bender; vice president, Dorothy Brandes; secretary, Alice Chambers; corresponding secretary, Leona Moore; treasurer, L. Evans.

New Jersey: Plainfield.—The MUHLBERG HOSPITAL opened its new ward pavilion on October 23. **Spring Lake.**—DISTRICT 4 held a meeting at the Anna May Hospital, October 14. There were about one hundred members, student nurses and guests present. The Alumnae of Middlesex General Hospital and the Perth Amboy City Hospital were admitted into membership in the District. After the business meeting, Dr. McDonald, State Health Officer, gave an interesting talk on the campaign which is to be conducted throughout the state during the coming winter, in which nurses will take an active part; Edith J. L. Clapp, Field Secretary of the American Nurses' Association, was present and delivered a most instructive address on "What the A. N. A. Means to Me." Miss Creech, Executive Secretary of New Jersey, followed with a short talk on the "Duty of the Nurse to the State Association, to the District Association and to her Alumnae."

New York: Clifton Springs.—Alice V. Newton, for eight years superintendent of nurses, has resigned to become chief nurse at the Cornell Infirmary, Ithaca. She is succeeded by Katherine Kimmich. **New York.**—DISTRICT 13 has realized about \$1,250 by a card party given for the Nurses' Relief Fund. A legacy of \$3,000 from the Fred L. Lavanburg estate to the Nurses' Alumnae of the New York Post Graduate Hospital will be invested and the income given each year to the Nurses' Relief Fund. **Utica.**—DISTRICT 7 held a meeting at the New Century Club, the evening of November 10, and discussed plans for forming an Official Registry. Mrs. Anne L. Hansen of Buffalo was the speaker. A committee was appointed to formulate plans for the undertaking. Mrs. Hansen was also the speaker at a meeting of the Visiting Nurse Association and the Baby Welfare Board. At the December meeting of the District to be held on the 7th in the Utica State Hospital, Dr. Arthur Ruggles of the Butler Hospital, Providence, R. I., will speak on "Mental Hygiene in Public Health

Work." Medical men and public health workers will be invited to attend.

Ohio: Cleveland.—The friends of Leah Northrup of the Lutheran Hospital, Cleveland, will be sorry to hear of her death this past June while still at her post as principal of the School of Nursing. Her successor is Mary E. Shutt, former principal of nurses at the Good Samaritan Hospital, Sandusky. Sister Ursula, who has been principal of the St. John's School of Nursing for some years past, has gone to Teachers College, Columbia University, to complete her degree. Sister Eileen of the staff at St. John's has taken her place. In the St. Alexis School of Nursing, Sister Petrilla, Principal of the School, has taken a position with a school in the West and Sister Robenia of the St. Joseph's School, Chatham, Ontario, well known for her work in the state of Colorado is now in charge of the School of Nursing, with Miss Colaton of Colorado as assistant.

Oregon: Portland.—DISTRICT 1 has elected as President, Mrs. Helen Jackson Banghart.

Pennsylvania: Pittsburgh.—The new laboratory building of WESTERN PENNSYLVANIA HOSPITAL was opened and dedicated on October 20, the principal address being made by Dr. Louis B. Wilson of Rochester, Minn.

Texas: Harlingen.—A new district, DISTRICT 14, was organized in the "magic Valley of the Rio Grande" on October 14 with thirty-five nurses present. Officers elected were: President, M. Hatch, McAllen; first vice president, Mrs. Sinnette, Harlingen; secretary-treasurer, Bess Clover, Mission. This organization will meet quarterly in different cities in the Valley, the next being held at San Benito, where a banquet will be served at the new hotel. This is the fourth association of this kind which has been organized and owing to the long distances in Texas they make a whole day of the meeting. Districts 6, 12, 13 and 14 have been addressed by the Educational Secretary, A. Louise Dietrich, on the work of the Grading Committee and the other ten district associations will also be given this information during the year.

Wisconsin: Milwaukee.—The MILWAUKEE VISITING NURSES' ASSOCIATION celebrated its twentieth anniversary, October 11. In the evening a banquet was tendered Annie W. Goodrich, Dean of Yale School of Nursing, who later spoke before a large audience in the Atheneum. Mrs. Price Davis, the first visiting nurse of Milwaukee, gave a résumé of the work for the past twenty years.

Deaths

Joyce B. Andrews (class of 1908, Jewish Hospital, Brooklyn, N. Y., of which she was the first probationer) on October 19, at Danville, Pa. Miss Andrews was charge nurse of the Children's Ward and night supervisor at the Jewish Hospital for many years until she resigned in 1918 to go overseas with the Kings County Unit. She had a beautiful character and was untiring in her efforts to serve all. The Alumnae will miss her readiness to help and advise in their daily problems.

Clara Jacobs Block (class of 1915, Touro Infirmary, New Orleans, La.) on October 13. Mrs. Block was on the staff of the Touro Infirmary at the time of her death but previously she had been for many years Superintendent of the Sophia Gumbel Home for Feeble-minded Children. She was an active member of her Alumnae Association and was its president, after serving as secretary for two years. She was also an active worker in the State Nurses' Association and the State League.

Lisle Parthenia Freligh (class of 1906, Illinois Training School for Nurses, Chicago, Ill.), on October 22, at San Francisco, Calif., after an illness of six months. Miss Freligh was truly a pioneer in many fields. After being superintendent of nurses in several small hospitals of the middle west, and spending a year at Teachers College, New York, as one of the first Isabel Hampton Robb scholars, she spent seven years as night supervisor of the Cook County Hospital, Chicago, where student nurses, internes, doctors and officials found her an ever-present help in trouble. Leaving this position in 1922, she again went to Teachers College, from which she received her Master's degree in 1924. Not being satisfied with what she already knew, she went back to the College in 1925 for further study, having received the benefit of an Isabel Hampton Robb fellowship. Possessed of a brilliant mind, the ability to think straight to the point, the power to grasp details, and a burning desire to put nursing education on a firmer foundation, she virtually gave her life for her work. Becoming Superintendent of Nurses of the San Francisco City and County Hospital in 1925, she not only carried the responsibilities of this immense institution up to almost the day of her death, but she gave freely of her time to her students, her coworkers, her friends, and to other nursing organizations. Had she been more selfish in the expenditure of her time and her abilities, she might not have been the victim of overwork. Nurses of Cali-

fornia realize the great privilege which has been theirs in having her as one of their leaders for these last two years, and the great loss which has come to them in her untimely death.

Mrs. Julia T. Johnson (class of 1914, Maryland General Hospital, Baltimore) on October 23, at Fitzsimons General Hospital, Denver, after an illness of nearly a year. Mrs. Johnson was one of the valued members of the Navy Nurse Corps and had served her country continuously for twelve years. She had spent most of her nursing life in the Corps. While in the Navy, she served at several stations in the United States, and had a tour of duty in the Philippine Islands, and on board the hospital ship, "Relief." She was buried in Arlington National Cemetery with full military honors.

Mrs. George R. Tann (Josephine Marie Klenke, class of 1921, Mercy Hospital, Hamilton, Ohio) at the hospital, in October, after a Caesarean section. Mrs. Tann was married a year ago. Before that time, after a course at the Chicago Lying-in Hospital, she was in charge of the nursery and delivery room at Mercy Hospital and had befriended thousands of mothers and babies. Her fellow nurses greatly mourn her, for she was charitable, energetic, capable, zealous and self-sacrificing.

Katherine Magill (class of 1893, Paterson General Hospital Paterson, N. J.) on July 18; at the hospital, after an illness of more than a year. Miss Magill had been an assistant to Dr. John C. McCoy for thirty-four years; she was the oldest graduate of her school and was a member of the Alumnae Association and a Red Cross nurse. Services were held at Dr. McCoy's home, the alumnae members attending in uniform and acting as a guard of honor.

Mrs. Kinsey (Rye Morley, Presbyterian Hospital, New York) at the Colonial Hospital, Rochester, Minn., on October 26, following an operation. Mrs. Kinsey was active in nursing circles in New York City for many years. Her last position there was Superintendent of the New York Nursery and Child's Hospital. Three and one-half years ago, she came to Pittsburgh as Superintendent of the Children's Hospital of Pittsburgh. It was under her able direction that the New Children's Hospital was erected and this institution remains as a memorial to her infinite painstaking and understanding of the

needs of little children. Miss Nutting says of her: "She did an admirable piece of work in the Nursery and Child's Hospital . . . making it eventually an attractive and well ordered place. Her work had a quality of exquisite fineness; she brought something into the life of the place beside cleanliness and order. She had very attractive personal qualities."

Mary E. Quinn (St. Luke's Hospital, Cedar Rapids, Iowa) at Mounds Park Hospital, St. Paul, on July 16, from injuries suffered in a fall. Miss Quinn came to St. Paul shortly after her graduation about 38 years ago. She was actively engaged in private duty nursing most of this time. Her cheerful disposition endeared her to all of her associates. She was an honorary member of St. Luke's Hospital Alumnae Association, St. Paul. Burial was at her old home in Westgate, Iowa.

Hime Margaret Rodewald (class of 1921, St. Joseph's Hospital, St. Paul) on October 27, at the Ancker Hospital, St. Paul. Miss Rodewald possessed rare personal attributes which made her a successful private duty nurse. She was president of her Alumnae Association in 1924, when she fell a victim of tuberculosis from which she suffered until her death. She leaves a host of friends.

Ils Saul (class of 1923, Ancker Hospital, St. Paul) on September 28, at Ancker Hospital. Miss Saul did private nursing in St. Paul for a year and gave splendid service to the City Department of Hygiene, St. Paul, as school nurse, for three years. Her associates and friends mourn her early death.

Louise M. Seymour (class of 1884, Illinois Training School, Chicago) at St. John's Home, Milwaukee, Wis., on September 24, after a half-hour's illness. Miss Seymour was a charter member of her alumnae association, and took a deep interest in all nursing affairs. She was the first nurse to do visiting nursing in Chicago, being attached to one of the Episcopal churches, before the Visiting Nurse Association was organized. A few days before her death, she celebrated her eighty-first birthday. She will be missed by the I. T. S. nurses of Milwaukee, as her fund of good sense, her keen flashes of humor, and her serene Christian spirit, were a help and a refreshment, to those who came to her from the world she had left, but never forgotten.

About Books

PRINCIPLES OF CHEMISTRY. By Joseph H. Roe. 378 pages. C. V. Mosby Company, St. Louis. Price, \$2.50.

AS stated in the preface, this book has been written with a view to meeting the requirements of the 45-60 hour course in chemistry for nurses recommended by the National League of Nursing Education. Its purpose is to serve as a guide for lecture and laboratory work in the training of students of nursing and of home economics.

The fundamental principles of chemistry, as far as they are applicable in the nursing field, are treated much as they are in standard college texts, but such subjects as the periodic law, atomic structure, etc., have received scant attention. All of the common metallic elements have received the usual consideration, and an excellent chapter on acids, bases and salts, is included. The metallic elements, having particular medicinal importance, are treated in a special chapter. The organic section is comprehensive, stress being given to those compounds which are important in the nursing field. Fats, proteins and carbohydrates are treated in a satisfactory manner, and the rather lengthy discussions given to physiological aspects, such as metabolism, digestion, dietary requirements, etc., should meet with enthusiastic reception.

The experiments included in the text are well chosen with a view to familiarising the nurse with the everyday applications of chemistry with which she comes in contact.

Both the text and the experiments are written in such a manner that the student can easily read them and grasp their true meaning and significance.

HARDY W. LARSON.

APPLIED CHEMISTRY FOR NURSES. By Stella M. Goostray, R.N., and Walter G. Karr. Second edition, revised. 270 pages. 5 illustrations. The Macmillan Company, New York. Price, \$1.75.

IN this interesting age, when new scientific facts are constantly being discovered and science is continually finding new and more important applications in our nursing practice, it is essential that all textbooks on science be frequently revised. The authors of this textbook in chemistry have realized this and the second fully revised edition presents new interest and valuable additions. The added chapter, dealing comprehensively with the removal of stains, is of practical value. The suggested laboratory work furnishes opportunity for practice in the removal of the more common stains and gives the student nurse a better understanding of this important and often trying household task.

Of equal value in the field of physiology are the three new diagrams, one on oxidation and two illustrating different steps in the digestive process. As student nurses always find particular difficulty in understanding the liberation of heat and other forms of energy in the process of oxidation in the body, it would have been profitable to indicate this in the diagram which would emphasize the real value of oxidation in the cells.

The addition of new equations, illustrating significant chemical processes mentioned in the text, will also be found helpful. A summary on the urine, presenting both the normal and the abnormal constituents and their causes and the completed list of elements and atomic weights are further

noteworthy contributions to this second edition.

The most valuable feature of this book lies in the many useful applications to nursing practice and in the clear presentation of the chemistry involved in those medical procedures, wherein intelligent coöperation with the physician is necessary to secure reliable results in different treatments, as well as for research work.

ELSA SCHMIDT, R.N.

New York.

DIETETICS FOR NURSES. By Fairfax T. Proudfit. Fourth edition. 619 pages, with additional charts. The Macmillan Company, New York. Price, \$2.75.

IN the preface to the first edition of "Dietetics for Nurses," the purpose of the author is set forth:

The simple methods of study presented in the text are given with the idea of avoiding confusion in the mind of the average pupil by fitting in the course with her other studies rather than by making it stand out as a separate subject.

This objective coupled with the added purpose in the fourth edition, "to give to this subject a deeper and more significant meaning," will make this textbook of special value to nurse training schools.

The author has emphasized the importance of the nurse being trained in dietetics sufficiently to be able to direct intelligently the thought of the patient and to assist the doctor and the dietitian in their combined efforts to restore health through correct feeding.

The comprehensive food classification has been so thoughtfully arranged that it bespeaks a carefully laid foundation for students of dietetics.

The section on vitamins will be welcomed by the student who has become resigned to the textbook

which is hopelessly vague or glibly states that very little is known about vitamins, and then leaves the reader mentally floating in mid-air with a question mark looming large on the horizon.

The chart inserted at the end of the chapter on food requirements, will be much used by anyone seeking to build menus or in any way to assist in the right feeding of an individual.

A few simple tests for food adulterations are somewhat of an innovation in a nursing textbook, but while a bit unexpected, may be of some service.

The scope and variety of the recipes for special diets give to the student a wealth of material which will mean much to the patient in giving him an added interest in a diet which may become very monotonous. The fact that "Dietetics for Nurses" is keeping abreast of the times is evidenced in the space given to liver recipes for use in pernicious anemia.

The clear summing up of the human body as a fine and intricate piece of machinery, requiring special care, gives a new appreciation of dietotherapy.

Miss Proudfit has ironed out many of the difficulties which confront the nurse when she endeavors to direct the feeding of an infant. Diet in disease for the infant as well as the adult, is carefully and logically discussed. Gastrointestinal disorders, infectious diseases, diseases of the intestinal tract, fevers in general, diseases of the respiratory tract, renal vascular diseases, diseases of the heart and liver—each receives the same careful consideration. As usual, diabetes is given special place and this material seems to be of unusual value.

The chart on "The Study of Food," found on page 562, was prepared by Constance Travis of Oil City, Pa., and gives evidence of much thought

and effort. This logical and concise outline will give the student a new vision of the value of organized study.

It has been truly said that most textbooks are inadequate. Such statements should always be met with this question: "Who would want to confine himself to just one book on any subject?" However, since there is usually a need for a guide in the pursuit of any subject, "Dietetics for Nurses" will without question prove to be a highly satisfactory textbook.

BERTHA E. BEECHER.

Cincinnati, Ohio.

THE EVOLUTION OF MEDICINE. By Sir Arthur Newsholme. Illustrated. 226 pages. The Williams and Wilkins Company, Baltimore. Price, \$3.

THE title of this book might naturally lead one to expect a large and ponderous volume to be read by easy stages. On the contrary, the author has given us, in some two hundred pages, such a gripping story of medicine that it will be read in one sitting for the romance, and re-read many times for the finer points and the favorite passages.

The object of the book, as stated in the introduction, is to show how things came to be as they are. The slowly changing ideas of people as to the causes of disease are traced from obsession and superstition to fixed dogmas and doctrines and to the realm of scientific medicine. This is a story of "gropings and findings, sometimes of truth and sometimes of error," but always one of progress toward the present understanding of cause and effect.

Early struggles with leprosy, plague, and pestilence, first efforts of quarantine and the various "experiments of despair" are connected with the present-day methods of epidemiological

investigation and control. The motives underlying sanitary reform are related to the general movement for social reform. First consideration is given to the "increased sensitiveness to human suffering" but we are reminded of the part played by such practical motives as fear and economic pressure.

Some of the outstanding heroes are mentioned and we are again impressed with the courage required of these leaders at a time when acceptance of a dogma was more popular than original thinking and questioning. We are also reminded of the fact that many of the most important discoveries in science were made by physicians in their search for more light in medicine. Such for instance, were the discoveries of Gallileo, Copernicus, Galvani and others.

This book will be a source of information and inspiration and should be in the library of every nursing organization and school. The readers of this volume and the admirers of the distinguished author and public health officer will look forward with eagerness to the other promised volumes.

HARRIET FROST, R.N.

Philadelphia.

BOOKS RECEIVED

THE MIDWIFE'S PRONOUNCING DICTIONARY AND ENCYCLOPAEDIA OF OBSTETRICAL AND GYNAECOLOGICAL TERMS. Originally edited by Henry Robinson, M.D. Revised by J. K. Watson, M.D., with complete rules of the Central Midwives' Board. Illustrated. 237 pages. The Scientific Press, Faber & Gwyer, Ltd., London. Price, 3 s.

GONOCOCCAL INFECTION IN THE MALE. By Abraham L. Wolbarst, M.D. Illustrated. 237 pages. The C. V. Mosby Company, St. Louis. Price, \$5.50.

A REFERENCE HANDBOOK OF GYNECOLOGY FOR NURSES. By Catherine Macfarlane, M.D. Fifth edition, thoroughly revised. Illustrated. 170 pages. W. B. Saunders Company, Philadelphia. Price, \$1.50.

Our Contributors

Our diverting frontispiece is one of **Martha Bensley Bruere's** scissors pictures. How dramatically she has pictured the flurry that precedes the lovely solemnity of nurses' carols!

Claire Gilstrap, R.N., has again written out of personal knowledge and is so happy to have found a way of proving to "the dear Sisters" her appreciation of their care. **Yvonne Laurent**, who illustrates the story, also knows the sanitarium Christmas from personal experience of its poignant beauty.

When we ask the Children's Hospital of Philadelphia, where **Marguerite C. Erxleben, R.N.**, is Instructor, for assistance it always comes!

Lucy Beal, R.N., medical supervisor at Peter Bent Brigham Hospital, Boston, is now on leave of absence in New York for further postgraduate study.

Lillian L. White, R.N., is widely known on the Coast, partly because of her splendid work as Director of Nursing Service of the Pacific Division of the American Red Cross.

In the symposium on Private Duty, **Mrs. Lucy Last Van Frank, R.N.**, spoke from her long experience as Registrar of the First District Association in Chicago.

Again **Alice Shepard Gilman, R.N.**, has accomplished an almost impossible task and has compressed a vast amount of information into one article.

Sara E. Adams, R.N., has long experience in Panama as a background for work in another Latin-American country.

Seventy high schools in New York state were visited within ten weeks last spring by **Frances E. Maltby, R.N.**, who has devoted much time to vocational work.

Lila J. Napier, R.N., is Director of Nurses at the Lying-in Hospital, New York City.

"Tuberculosis in Children" comes from an authoritative source, for **Dr. J. A. Myers** is Director of the Lymanhurst School in Minneapolis.

The course in Psychology given in the Illinois Training School for Nurses by **Marion J. Faber, M.A., R.N.**, is given university credit. This is real distinction when won by a member of a school of nursing faculty.

Grace G. Grey, B.S., R.N., has been an instructor in several schools of nursing and is now Principal of the School of Nursing of the Jewish Hospital, St. Louis, Missouri.

Mabel C. McCracken, R.N., who is a graduate of Sisters Mary and Elizabeth Hospital School for Nurses, Louisville, has had postgraduate work at the University of Iowa and at Teachers College, New York. She is Instructor at St. Mary's Hospital, Evansville, Indiana.



What Patients Tell the Grading Committee

"She had been an eye-opener to me to realize the deep-rooted genuine interest taken in the technic of her calling. I don't believe anything short of a storm would make her forget even the most minor detail in treatments."



Out of the Mail Bag

"Through our instructor we learned of your offer to the new graduate. I am the very first graduate from our hospital, and I hope I am the first of a class of seventeen to send you my subscription. The *Journal* was such a pleasure my three student years."

M. J.

"Just having the *Journal* on my desk brought this subscription."

R. K. S.

Ohio.

"I take this opportunity to congratulate the editors on the recent improvements in the *Journal* and to thank them for their untiring efforts to maintain its present high standard."

SISTER M. C.

Buffalo, N. Y.

"The lecture on typhoid by Dr. Doane is excellent as well as the number by Stella Goostray. The whole *Journal* is full of interesting items for me."

Y. F.

New Jersey.

"I am a dietitian and I find the articles in the *Journal* very helpful in my profession."

F. P.

Illinois.

Official Directory

International Council of Nurses.—Secretary, Christiane Reimann, 14 Quai des Eaux Vives, Geneva, Switzerland.

The American Journal of Nursing Company.—President, Bena M. Henderson, Milwaukee Children's Hospital, Milwaukee, Wis. Secretary, Elsie M. Lawler, Johns Hopkins Hospital, Baltimore, Md. Treasurer, Mary M. Riddle, care American Journal of Nursing, 19 W. Main St., Rochester, N. Y. Sally Johnson, Boston; Stella Goostray, Boston; Mrs. Elsbeth Vaughan, St. Louis; Elizabeth G. Fox, Washington, D. C. Headquarters and editorial office, 370 Seventh Ave., New York. Business office, 19 W. Main St., Rochester, N. Y.

Committee on the Grading of Nursing Schools.—Director, May Ayres Burgess, Ph.D., 370 Seventh Ave., New York.

The American Nurses' Association.—Headquarters, 370 Seventh Ave., New York. President, S. Lillian Clayton, Philadelphia General Hospital, Philadelphia, Pa. Sec., Susan C. Francis, Children's Hospital, Philadelphia, Pa. Treas., Jessie E. Catton, New England Hospital for Women and Children, Dimock St., Boston, 19, Mass. Headquarters Secretary, Janet M. Geister, 370 Seventh Ave., New York. Sections: Private Duty, Chairman, Vada G. Sampson, 1517 S. Van Ness Ave., Los Angeles, Calif. Mental Hygiene, Chairman, Effie J. Taylor, New Haven Hospital, New Haven, Conn. Legislation, Chairman, A. Louise Dietrich, 1001 E. Nevada St., El Paso, Tex. Government Nursing Service Section, Chairman, Lucy Minnigerode, U. S. Public Health Nursing Service, Washington, D. C. Relief Fund Committee, Chairman, Mrs. Janette F. Peterson, 680 South Marengo Ave., Pasadena, Cal. Revision Committee, Chairman, Dora M. Cornelisen, 148 Summit Ave., St. Paul, Minn.

The National League of Nursing Education.—Headquarters, 370 Seventh Ave., New York. President, Carrie M. Hall, Peter Bent Brigham Hospital, Boston, Mass. Sec., Ada Belle McCleery, Evanston Hospital, Evanston, Ill. Treas., Marian Rottman, Bellevue Hospital, New York. Executive secretary, Blanche Pfefferkorn, 370 Seventh Ave., New York.

The National Organization for Public Health Nursing.—President, Mrs. Anne L. Hansen, 181 Franklin St., Buffalo, N. Y. Director, Jane C. Allen, 370 Seventh Ave., New York.

Isabel Hampton Robb Memorial Fund Committee.—Chairman, Elsie M. Lawler, Johns Hopkins Hospital, Baltimore, Md. Treas., Mary M. Riddle, care American Journal of Nursing, 19 W. Main St., Rochester, N. Y.

New England Division, American Nurses' Association.—President, Sally Johnson, Massachusetts General Hospital, Boston, Mass.

Sec., Mary Alice McMahon, Boston State Hospital, Boston, 24, Mass.

Middle Atlantic Division.—President, Jessie Turnbull, Elizabeth Steele Magee Hospital, Pittsburgh, Pa. Sec., Gertrude Bowling, Visiting Nurse Association, Washington, D. C.

Mid-West Division.—President, Adda Eldredge, State Board of Health, Madison, Wis. Sec., Mrs. Alma H. Scott, 309 State House, Indianapolis, Ind.

Northwestern Division.—President, E. Augusta Ariss, Deaconess Hospital, Great Falls, Mont. Sec., Floss Kerlee, State Hospital Warm Springs, Mont.

Nursing Service, American Red Cross.—Director, Clara D. Noyes, American Red Cross, Washington, D. C.

Army Nurse Corps, U. S. A.—Superintendent, Major Julia C. Stimson, War Department, Washington, D. C.

Navy Nurse Corps, U. S. N.—Superintendent, J. Beatrice Bowman, Bureau of Medicine and Surgery, Department of the Navy, Washington, D. C.

U. S. Public Health Service Nurse Corps.—Superintendent, Lucy Minnigerode, office of the Surgeon General, U. S. Public Health Service, Washington, D. C.

Nursing Service, U. S. Veterans' Bureau.—Superintendent, Mrs. Mary A. Hickey, Hospital Section, U. S. Veterans' Bureau, Washington, D. C.

Indian Bureau.—Elinor D. Gregg, Field Director of Nurses, Office of the Medical Director, Bureau of Indian Affairs, Dept. of the Interior, Washington, D. C.

Department of Nursing Education, Teachers College, New York.—Director, Isabel M. Stewart, Teachers College, Columbia University.

State Associations of Nurses

Alabama.—President, Annie M. Beddow, Norwood Hospital, Birmingham. Sec., Linna H. Denny, 1320 N. 25th St., Birmingham. President examining board, Helen MacLean, Norwood Hospital, Birmingham. Sec., Linna H. Denny, 1320 N. 25th St., Birmingham.

Arizona.—President, Mrs. Vera Thomas, 1601 North Stone Ave., Tucson. Sec., Mrs. Bertha Easton, 543 W. Moreland Ave., Phoenix. President examining board, Kathryn G. Hutchinson, Tombstone. Sec.-treas., Catherine O. Beagin, Box 2488, Prescott.

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